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Commissioner of Welfare outlines Government's Role in Social Services

Staff Attrition—A Research Study

Guaranteed Income Maintenance

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U. S. DEPARTMENT OF
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The Government's Role in Social Intervention*

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U.S. Commissioner of Welfare

There is almost universal agreement that we can no longer afford a status quo on the social welfare front, hoping that by doing what we are now doing and on about the same scale problems will gradually diminish. If there were equally common agreement on what the nature of the changes should be, we would be further along toward achieving them. Instead, however, we are in a transitional stage which to some is uncomfortable and frustrating, but which, at the same time, has a heady and exciting quality because of the portent it holds for the future.

That this present stage of wide-ranging change would be reached was inevitable when, as a result of the Civil Rights movement, the President's pronouncement of war against poverty, massive new Federal legislation in many fields, and related social actions,[1] long repressed or little understood problems became urgent priority areas. Those deprived of their democratic heritage, whether by color or for other reasons, lost what Michael Harrington so aptly termed their "invisibility." And even if they were willing to wait longer for true opportunity--and they become less willing with each passing day--our consciences could not let them do so. Thus, whatever shades of political, social, or philosophical opinions are held, a great forward step has been taken in developing a national consensus on the necessity for profound social change.

The debate now going forward on the nature of those changes is accompanied by preliminary action within our democratic society and concurrently is producing--as the democratic process was intended to do--a growing number of alternatives and innovative proposals.

Agents of Social Change

There are widely varying views on the extent to which government should be used as the agent for change. Groups, such as the National Association of Manufacturers, which have consistently taken a rather dim view of great expansion of various types of governmental activities, are now calling for a much greater involvement of business and industry in the attack upon pressing social problems.[2] An obvious and desirable by-product of this concern is that it is stimulating greater voluntary effort both within business, in terms of expanding training and employment opportunities, and within voluntary health and welfare agencies, in terms of a redirection of services specifically focused upon the needs of the deprived.

A number of industries are now cooperating with public welfare agencies in the operation of work experience and training programs for unemployed parents. The agency provides income to the family while the parent is in training and helps with social and health problems, while the

*Based on an address delivered at the School of Applied Social Sciences, Western Reserve University, Cleveland, Ohio, September 29, 1966, on the occasion of its fiftieth anniversary.

For references, see end of article.

industry gives the parent training for a specific position and employs him as soon as he is capable of filling the job. Similarly, there are a number of character-building agencies and other voluntary programs, whose clientele had previously been drawn mainly from the middle class, setting up programs particularly designed to attract a much more deprived clientele.

This is a desirable and wholesome trend. As it gains impetus there is good reason to hope that in the private sector of our society we may witness a renewal of that crusading fervor of the late 19th and early 20th centuries which laid the foundation on which our present social welfare programs, voluntary and public, have been built. The involvement of the deprived themselves in these efforts is a new factor which greatly strengthens the movement--even though new unanswered questions are raised about the relationship of these participant roles to agency loyalty, open group advocacy, and the necessary linkage to agency professional channels. More serious study and much more evaluation are needed in order to develop as effective programs as possible for continuing constructive participation of the population to be served in the wide range of programs.

Most advocates of a vast expansion of voluntary programs, however, also recognize that the size and complexity of the problems make it mandatory that there be far more governmental action as well. Yet, there are widely divergent opinions about what kind of governmental action should be stressed. There are some, for example, who believe that there is still time to rely primarily on the future-oriented approach which basically characterizes our present anti-poverty programs; that the deprived will endure continued deprivation while they are gaining the skills and education to equip them for full participation in our technological, highly urbanized economy. On the other hand, recognition is growing that continuation of extreme destitution in an affluent society is indefensible. More and more, thinking people, while no less convinced of the necessity for these future-oriented programs, also feel that large-scale additional steps must be taken without delay to relieve this present destitution. Thus, a Federally defined floor under income, the negative income tax, and other proposals for guaranteed incomes have moved with amazing rapidity from the status of visions of the starry-eyed to serious consideration by people charged with major responsibility for charting our economic course as a Nation.[3] There are some, in fact, who see the fulfillment of these proposals as a panacea, believing that if people have more money further major changes in our social welfare system would not be necessary.

Other groups, and they include most of the people who have given serious study to the problem over many years, see no single panacea but rather look to basic income protections plus improvements and innovations of many types in both voluntary and public social welfare programs as offering more realistic answers. If this viewpoint prevails, and the current trend so indicates, this will require carefully developed revisions of existing patterns; social welfare programs will have a very central, though by no means exclusive, role as agents of social change, and the role and practices of public welfare in particular will be redefined and redirected.

Report of the Advisory Council on Public Welfare

The most cogent analysis of this position is the report issued on June 29, 1966, by the broadly representative Advisory Council on Public Welfare appointed by the Secretary of Health, Education, and Welfare in accordance with a provision of the 1962 Amendments to the Social Security Act. The report was the result of two years of intensive study, including critical evaluation of position papers and recommendations by some 350 persons across the Nation, ranging from AFDC mothers to the professionally most sophisticated.

It is hoped that organizations and groups across the country will study and discuss the report because it may well prove to be the foundation for entering the next stage of our social development--the stage at which the issues of what must be changed, and in what manner, are resolved and massive action can follow. The report relates the role of public welfare to various other governmental and voluntary measures and sets forth 11 recommendations.[4] I shall not attempt to summarize them but I want to touch briefly on two basic proposals in the report that are particularly pertinent to urgently needed welfare reforms.

One proposal recognizes that, in the last analysis, the only cure for poverty is money and that if the seriously deprived are to take promises seriously and to do their part in using the educational, employment, and other opportunities being opened to them through the anti-poverty, education, and other new programs, they must have immediate relief from the grinding poverty that saps their energies, destroys their incentives, and literally prohibits aspirations.

This basic proposal (actually it is in the form of several more detailed proposals) would make *need* the only criterion for eligibility for public assistance, eliminating the present categorical programs with their many legal requirements of age, residence, physical, social, and other conditions of eligibility which have nothing to do with financial need. It would further simplify the establishment of eligibility--already being strongly advocated in Welfare Administration policy--by relying primarily on the applicant's declaration of income and resources, with spot checks and sample studies to ascertain that the system is working properly and without abuse.

To assure adequacy of income, the Council proposes that the Federal government establish a standard minimum level of living below which no one in this affluent Nation would need to live. While allowances could be made for statistically defensible regional variations in living costs, the standard would be applied nationwide, with the Federal government making up the difference between that part of the cost a specific State could afford to pay, objectively determined in relation to a State's income, and the amount needed to meet the standard.

The Council's proposal that the guarantee of an adequate income be handled through public welfare agencies, under an updated, greatly simplified public assistance program rather than adapting some other Federal mechanism to do the job, reflects the growing concern about nonfinancial factors which isolate the poor and tend to perpetuate their poverty. It also reflects the concern that additional transfer dollars go directly to the poor, rather than benefiting a substantially larger segment of the total population.

The public welfare agency, as envisioned in the Council report--and this is a second basic proposal--would more and more become every community's and every neighborhood's focal point for the broad range of human services needed to counteract the dehumanizing trend of modern society. Some services would be rendered, of course, by a variety of other agencies in the same or nearby locations.

Persons requiring subsidized incomes would be, to a sharply increased extent, but one of many groups these public agencies would serve. In addition to providing the poor with enough income to maintain, hopefully, not just an emergency but a really wholesome living standard, the public welfare agency would offer them a variety of other services, some designed to help them become able to earn adequate incomes, others designed to remove cultural, health, or other barriers to their absorption into the mainstream of community life.

Similar social services would also be rendered to persons who receive their incomes from other sources, including wages and social insurance benefits. Help with money management, housekeeping practices, childrearing, and other services is frequently needed if people who have been scarred by years of extreme economic or cultural deprivation are to adjust to a middle-class culture and value system.

Service to the more affluent would also be available, if the Council's recommendations were adopted, to help with a variety of personal or family problems.

The Council's recommendations underscore the concept of universality in delivery of social welfare services. Programs of homemaker service, child care, family counseling or skilled referrals and placements of the aged or mentally ill are widely needed by various income levels. Such services should be generally available to all who need and want to use them--including those who are capable of paying an appropriate fee, when that seems proper.

Modern day living requires a new kind of interdependence. Just as we provide, through our communities, for a park system, fire protection, postal service, or water resources, so we must develop a universal system of organized social services of broad coverage, readily accessible to all.

The concept of the "right to social services" has been emphasized in the Council report. Some services should be open to all, merely by request, such as centers for information and advice, counseling, and the like. Other public social services will require some type of diagnostic and financial screening, for example, mental health clinics, therapeutic treatment, or rehabilitation services.

The development of a viable, universal social service system, one which will provide a range of services adaptable to the cultural and value needs of differing population groups, is a challenge to our ingenuity. For too long program concepts have been confined to traditional individual approaches to only a limited segment of the population actually in need of social services.

Current Approaches to Social Welfare Manpower

As one obvious result, both schools of social work and social agencies were, until very recently, inclined to think of manpower needs in quite superficial terms based primarily on numbers. Increasingly, however, deficits are being analyzed not merely in terms of quantity but also in terms of the kinds of tasks social work manpower is now being trained to perform.

It has come hard to the social work profession to recognize that the skills in casework counseling which, by dint of much creative work have been perfected over the years, have limited applicability to the massive social problems which challenge us today. There was a period of hoping that the skills could be further refined and transmitted to enough practitioners to reach all of the deprived on the traditional one-to-one basis. Perhaps this was always less a hope than a rationalization which was necessary at a time when the profession of social work was at a crossroads--one avenue leading to the upper levels of society where people have the time and the education to utilize analytical approaches in working toward solutions to their problems, the other avenue leading back to the much larger clientele whose needs gave birth to the profession in the midst of shocking social environmental conditions.

At any rate, the crucial events of this period proved fruitful, both in highlighting casework as a service frequently needed by the more verbal and articulate in our society, and in stimulating efforts to incorporate basic casework principles into new approaches to the extremely deprived. The latter development has contributed to much progress in group and family counseling services, short-term treatment during crisis situations, various methods for reaching out to persons who need help but do not seek it or who do not know how to verbalize their problems. As this trend continues, casework assures for itself a continuing central position in public as well as in voluntary social service programs. If, however, a real impact is to be made on such widespread problems as family breakdown, juvenile delinquency, and other social maladjustments, where the seeds of causation are interwoven with the social environment, increasing attention must be focused on the types of skills required to attack these problems.

If schools of social work are to fulfill their initial purpose of training key manpower to meet the Nation's social service needs, they must continue to broaden and strengthen their curricula. Recognition of this is reflected in the recent attention given to the expansion of community organization sequences, but this is only a beginning. A much broader variety of skills and disciplines are required by existing social welfare programs and are mandatory if the multipurpose neighborhood centers, clearly envisioned by the Advisory Council on Public Welfare and called for in an increasing number of public pronouncements by highly placed governmental officials, are to be developed.

It appears essential that, if social work education is to meet the growing obligations to provide well-trained personnel for an increasingly complex and demanding society, there must be substantial Federal funding. Government, which is in need of social work manpower, must provide a goodly part of the cost--for construction, for faculty, for student support.

The social work education bill providing for planning grant funds, which is now in Congressional committee, is a significant though small first step. The dimensions of the full need are described in detail in *Closing the Gap in Social Work Manpower*[5] and in estimates prepared by a committee of social work deans in collaboration with the Council on Social Work Education.

Among the resources available to schools of social work are the natural laboratories in the community. Every school has its equivalent of a Hough, Harlem, or Watts area or an Indian or Spanish-speaking enclave. It would be of interest to know how many of these areas have been used for a total, coordinated program impact, for they offer rare opportunities for research, analysis, and training for a variety of social work strategies and tactics, as well as innovative program developments.

Preventive planning is now within reach. The trouble in the Hough district of Cleveland last summer dramatizes the problem faced when social solutions are applied on a too little and too late basis. That Hough was a potential danger spot was foreseen as far back as 1961--which is why it was selected for one of the comprehensive programs, financed initially by the Welfare Administration's Office of Juvenile Delinquency and Youth Development and now by the Office of Economic Opportunity. Yet, not enough could be done and done fast enough to avert the 1966 riots.

It is encouraging that a growing number of social work educators are now advocating that some of the content of graduate social work courses be incorporated into an undergraduate sequence. This would have a dual advantage. It would bring into public welfare more beginning workers sufficiently prepared to be able to perform many tasks satisfactorily after appropriate periods of in-service training. It would also free the graduate schools to enrich and broaden course content.

Quite possibly one reason the schools have not moved more rapidly in adapting their curricula to new needs is that the teaching material is not yet in the textbooks or in the lecture notes. Nor can it get into them until the educators themselves have mined the gold that is being produced in demonstrations, in research projects, and in field work practice. This is also true in the case of staff development programs in public welfare agencies.

Some Contributions of Social Research

The last several years of accumulated research findings have offered a basis for new and, hopefully, more effective approaches in working with the poor. By no means though do recent interests in subcultures of poverty, attention to enriched socialization experiences, or focus on the environmental context, negate the continued values of traditional approaches. But increasing awareness of the societal

forces which impinge on the low-income populations leads to an expansion of the social service framework for public welfare, with governmental support, as well as for other service programs.

The Division of Research in the Welfare Administration is not only engaged in empirical studies which are adding to this storehouse of new knowledge but several publications of the Division have the specific purpose of organizing research findings in a form which can be used for social service program development and service delivery.

For example, a chapter in a recent monograph by Dr. Catherine S. Chilman, *Growing Up Poor*,[6] discusses implications for some specific social intervention strategies. It is noted that cultural patterns arise out of the adaptation of a group to the environmental situation and it is obvious that, unless the environment of the very poor changes, the subcultural poverty patterns are unlikely to change. Planned changes in cultural patterns are difficult to effect. Traditional avenues of upward mobility have not reached the families at the bottom.

It has been a long-standing tenet in social work and psychiatry that individuals should be accepted as they are. Dr. Chilman points out, however, that, "While understanding and accepting the subcultural patterns of the poor, it is quite appropriate to recognize that a number of these patterns tend to operate to the disadvantage of many of them."

In another Welfare Administration research publication, *Low-Income Life Styles*,[7] Dr. Lola M. Irelan, the editor, has brought together in a clear, readable report some of the causal links between economic deprivation and distinctive patterns of action of the groups of people in our lower income population.

In its Cooperative Research and Demonstration Grants program, the Welfare Administration has concluded a group of research studies[8] in which an attempt has been made to assess results of casework to multiproblem families and to produce new understandings about the life dynamics among these lowest income families. More is known about the latter than about casework effects. One is struck by the continuing crises which seem to impinge on the lives of these people and how energies are drained to meet the concrete events of life, to maintain the necessities of life. The life style of these individuals is largely pragmatic, geared toward doing rather than talking. Immediate, reality problems are all absorbing.

Use of Sociological Theory

The pioneering work of the Office of Juvenile Delinquency and Youth Development in the Welfare Administration is well known. The concepts and the research theory which guided the nationwide program development of youth demonstration projects in 17 cities were drawn from the initial work of Robert Merton and the later contributions of Lloyd Ohlin. The successful program principles which emerged as a result of these demonstrations were later incorporated into the present community action programs of the Office of Economic Opportunity.

The delinquency demonstration program has made an important contribution in directing attention to sociological theory as a source of the concepts which have given impetus to the present extension of broadened approaches toward helping low-income people: for example, legal services for the poor, use of indigenous workers, the neighborhood service center, cultural enrichment, and other compensatory services.

As the utility of social structure concepts and socialization theories is further explored, these effects influence ideas for curriculum, for staff development, for new program development, and for more flexibility in existing practice.

For example, as we analyze the factors of the upward mobility patterns in low-income groups, interesting program issues arise.

To use an exaggerated illustration, are we more interested in the level and nature of the anxiety reflected in the mother's repeated complaints about the

rats in her home, or are we interested in getting something done about getting rid of the rats? Is our interest in the teenage out-of-wedlock pregnancy in a lower income Negro family to be guided by theories of what is wrong with the mother-daughter relationship or by the immediate medical, school, housing, income, or employment needs of the girl herself? Or must our evaluation of these problems always include both aspects?

We are becoming increasingly more interested in the provision of socialization experiences--clubs for AFDC mothers, opportunities for community participation, means for insuring rights of disadvantaged groups, neighborhood workers as paid personnel, day care with cultural enrichment content, specific acculturation programs for adults, more creative uses of teaching homemakers, personal grooming and development groups, and similar program activities. Such activities provide experiences in which clients can take on new roles, practice middle-class behaviors, imitate new models, or find satisfactions in activities which progressively move them in steps toward more acceptable modes of behavior or action.

Socialization theory provides a principal area of convergence for the major research contributions which have come from child development, learning theory, social anthropology, and sociology. Our present experience in preparing adults for the world of work in programs under Title V of the Economic Opportunity Act has shown positive results as homebound mothers or unemployed fathers have learned new modes of behavior--how to adapt to habits of being on time, how to dress, how to accept and carry through responsibility.

The term socialization (or developmental socialization)[9] applies to children learning the folkways of their culture at the optimum life stage. Resocialization has been employed to describe the process (often carried on in treatment programs) of returning deviants to acceptable norms of social attitudes and behavior. In applying the concept to public assistance clients, it might be useful to think of "compensatory socialization"--similar to the concept of compensatory education--where prior opportunities have been lacking.

Future Developments

Casework services are one of a broader range of social welfare services which add comprehensiveness to a total service program. Much of the regular caseworker's time in public welfare may be directed toward a facilitating role, connecting the client with appropriate medical or social resources within the agency and within the community. Counseling may take on a more direct, environmental approach, with some teaching or role setting steps.

The personnel necessary to man social service programs of the future must include not only professionally trained practitioners who provide direct services but also social workers who can give training to new types of ancillary and subprofessional personnel.

Social planners and social policy experts are also needed to analyze, assess, and develop cooperative action for remedying social conditions which are beyond the direct service operations.

We need social workers and their research counterparts who can examine social science concepts and theory, not just for the sake of research and knowledge or for a deeper understanding of the phenomenon of social problems in itself but to find implications which can help us to devise more effective services and more pertinent programs under governmental and voluntary auspices.

It may not necessarily be the responsibility of social work education to train all the types of personnel involved in the broadened program required by today's social trends, but schools of social work would seem to be the logical source for much of the key manpower that is needed. That is why the Welfare Administration was particularly pleased to be able to finance a program for bringing faculty members from schools of social work into a number of public welfare agencies

last summer. From their first-hand experience in public welfare agencies, it is apparent that the more than 100 faculty members who participated in this program have a deeper understanding of the training needs of the personnel in the Nation's major social service programs and have also gathered material for new course content. They also contributed greatly to improving the skills of personnel in the agencies where they worked.

The development of a comprehensive public social service program for people of all income levels will take more than ingenious ideas of how to package services or even how to deliver these services effectively. It will require the best of training and utilization of our professionally trained manpower. It will require new ways of deploying many types of ancillary and semiprofessional workers. We need to sort out particular services which can be offered as social utilities and then make it possible for each family or individual to make his own selection of those services best suited to his needs.

Our social technology must keep pace with, or hopefully set the pace for, our remarkable progress in economic development.[10]

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Attrition of First-Line Social Service Staff*

LAWRENCE PODELL**

The problem of staff attrition, especially involving new caseworkers with relatively short spans of service, has been the subject of much discussion in public welfare. High turnover can add substantially to a department's administrative, supervisory, training and caseload coverage problems. Indeed, to the extent that first-line social service positions are chronically filled by a high proportion of inexperienced and (in effect) temporary staff, the fulfillment of the service mandate is jeopardized and the successful implementation of even the most well formulated and adequately funded referral, restorative, or rehabilitative programs is endangered.

Research on staff attrition should involve inquiry into the many facets of the problem: The personal attributes and abilities, prior experience, and present expectations, the goals, values, attitudes, and knowledge of those who apply, are appointed, and then leave or stay; the changes that occur through the training, initial assignment and later work experience phases of employment; the factors related to the person's situation both on and off the job--all of which affect the decision as to whether (and when) he or she will retain the position or relinquish it. Such research might entail a study in depth of a rather large cohort of new appointees over an extended period of time. An undertaking of this size requires substantial funding and adequate staffing. Lacking both, the Office of Social Research of the Department of Welfare of the City of New York conducted a limited inquiry, with the intention of utilizing the findings (1) for interpretation and discussion, and recommendation and decision, within the Department and (2) as a basis for the application for funds from outside the Department to help support the larger study that is needed.

While it is recognized that personnel records include a very small portion of the data required for an empirical analysis of attrition, they nevertheless formed the basis of this inquiry because they were available and inexpensively retrievable. A sample was drawn of 1,117 records of social investigators (as the position was then titled) who were appointed in 1964 and who started work during six months of that year: February, March, June, September, October and December. The distribution of the characteristics of this sample of workers, by their month of appointment, appears in Table 1. Of the total sample, 1,101 records were utilized in this inquiry.[1] Certain information from personnel records was transcribed, coded, and tabulated in September, 1965. The dependent variable in these tabulations was whether (and when) the appointees left the Department.

** The data for this article derive from two mimeographed reports: "Attrition Among Social Investigators Appointed in 1964" (April, 1966, 39 pages, 30 tables) and "Selection of Social Investigators in 1964" (July, 1966, 35 pages, 38 tables) available on request.*

*** Dr. Podell, Assistant to the Commissioner for Research of the Department of Welfare of the City of New York, is currently conducting research on "Alternative Deployment of Public Assistance and Trained Casework Personnel," supported in part by a Cooperative Research and Demonstration Grant of the Welfare Administration.*

[1] *The sample derived from the appointment lists for these months and included about half of the nearly 2,300 social investigators appointed in 1964. Sixteen workers among those in the sample left on approved military leave and were excluded. Twenty-nine persons, included in the sample, were discharged by the Department; they were combined with those who had resigned (the number of those discharged was too small for separate tabulation but such persons obviously represented attrition among appointees).*

Table 1. Characteristics of appointees and Civil Service examination score by month of appointment, in percentages

		MONTH OF APPOINTMENT						
		Feb.	March	June	Sept.	Oct.	Dec.	Total
AGE	24 yrs. and under	41.8	62.5	68.8	63.8	66.8	54.8	60.4
	25 yrs. and over	58.2	37.5	31.3	36.2	33.2	45.2	39.6
MARITAL STATUS	Single	52.5	70.4	72.9	65.1	71.4	65.2	66.6
	Married	38.5	27.0	25.0	31.5	26.3	29.6	29.5
	Other	9.0	2.6	2.1	3.4	2.3	5.2	3.9
SEX	Male	61.5	65.1	71.9	51.9	49.2	69.2	59.7
	Female	38.5	34.9	28.1	48.1	50.8	30.8	40.3
RACE	Negro	20.5	10.5	2.1	22.1	11.4	6.0	12.5
	Other	79.5	89.5	97.9	77.9	88.6	94.0	77.5
LOCATION OF GRADE SCHOOL	New York City	42.6	57.2	61.5	39.1	46.2	50.8	48.1
	Elsewhere	57.4	42.8	38.5	60.9	53.8	49.2	51.9
COLLEGE LOCATION	New York City	40.2	55.3	57.3	36.2	40.8	49.2	45.1
	Elsewhere	59.8	44.7	42.7	63.8	59.2	50.8	54.9
GRADUATE STUDY	None	54.1	61.2	51.0	72.3	66.8	64.4	63.9
	Some	45.9	38.8	49.0	27.7	33.2	35.6	36.1
PRIOR EMPLOYMENT EXPERIENCES	None	20.5	43.4	57.3	48.5	51.4	34.0	42.9
	Some	79.5	56.6	42.7	51.5	48.6	66.0	57.1
CIVIL SERVICE EXAM SCORE	80 and above	58.2	76.0	73.7	51.5	59.5	73.9	64.4
	60 to 79	41.8	24.0	26.3	48.5	40.5	26.1	35.6
	Number	122	152	96	235	262	250	1,117

By September, 1965, about half of the social investigators appointed in February (50.3%) and March (53.9%) of 1964 had left the Department. In other words, most of those hired during February and March had departed within eighteen months after their date of appointment. As might be expected, for the workers appointed in September, October and December, 1964, the attrition figures after nine to twelve months of service were lower (21.1%, 27.8% and 28.0%, respectively, had left). However, the June 1964 cohort--with fifteen months' service--exhibited the highest attrition of all: 71.6% had left the Department by September, 1965. (Almost half, 47.4%, of the June appointees were gone by September, 1964--three months later.)

Of those who resigned by September, 1965, a substantial minority left after three months or less of service, as is shown in Table 2. The attrition figures again peak for the February and March appointees after six to seven months of service, indicating that many of them left in September, 1964. In other words, by the following September the Department lost many of those who were appointed at the end of each of the two college semesters. This meant that in the fall the Department had to recruit not only the normal complement of new appointees but also replacements for the September resigners.

Table 2. Percent of resigners (as of September, 1965), by the duration of their service and the month of their appointment in 1964

	MONTH OF APPOINTMENT IN 1964					
	Feb.	Mar.	June	Sept.	Oct.	Dec.
Percent of resigners who did so after serving:						
3 mos. or less	29.5	34.1	66.2	38.8	32.4	34.8
4 - 5 mos.	8.2	13.4	13.2	22.4	22.5	17.4
6 - 7 mos.	29.5	23.2	4.4	16.3	15.5	33.3
8 - 9 mos.	1.6	6.1	1.5	12.2	14.1	11.6
10 - 11 mos.	9.8	7.3	1.5	10.2	15.5	2.9
12 - 13 mos.	11.5	6.1	8.8			
14 - 15 mos.	3.3	2.4	4.4			
16 - 17 mos.	4.9	4.9				
18 - 19 mos.	1.6	2.4				
Total percent	99.9	99.9	100.0	99.9	100.0	100.0
Number of resigners as of 9/65	61	82	68	49	71	69

To make data from the various months of appointment comparable, the remaining discussion will focus on staff attrition after nine months of service, a tenure shared by all. In addition, Table 3 provides data on such attrition after three months of service because a substantial minority left within this time interval.

Of the 1101 workers in the sample, 14.3% left after three months of service or less and 30.3% after nine months or less. With regard to month of appointment, Table 3 reveals that the percentages of those who left were lowest in the September cohort (19.0% after nine months or less), higher in the October and December groups, still higher among February and March appointees, and highest in the June group (61.1% after nine months or less).[2]

Most of the workers were under twenty-five years of age. Among those appointed in the three earliest months of the year, workers under 25 years of age were far more prone to leave the Department. However, there was very little difference in attrition by age among those hired in the later months.[3] The beckoning of Fall opportunities apparently especially affected the youthful workers hired in February, March and June. The highest attrition was exhibited by the younger men, 40% of whom left after nine months of service or less; males 25 years of age and over and females, regardless of age, showed similar attrition figures (24.9 to 28.3 percent).[4]

The location of the grade school completed by appointees, rather than their place of birth, was utilized in the tabulations on the basis that the former would be a more accurate designation of their place of rearing. Nearly half of the appointees completed grade school in New York City and they exhibited the highest

[2] *Actually, most of the social investigators hired in 1964 were employed in the later months of that year, a practice which apparently functioned to reduce the annual attrition of newly-appointed workers.*

[3] *The attrition figures after nine months or less of service follow:*

	Feb.	Mar.	June	Sept.	Oct.	Dec.
Under 25 yrs. of age	40.0	50.5	70.8	20.4	24.9	29.3
25 yrs. of age and over	31.0	26.3	40.0	17.6	20.9	24.8

[4] *Extreme contrast was shown by the attrition of males appointed in June and females appointed in September: the figures were 69.1% and 18.6%, respectively.*

attrition,[5] followed by workers from grade schools in suburban areas surrounding New York City and other locations in the Mid-Atlantic region. The lowest attrition was recorded by appointees who had completed grade school in the South Atlantic region.

Workers who completed college in New York City[6] exhibited the highest attrition--twice that of alumni of colleges in the South Atlantic region. Former undergraduate psychology majors showed the highest attrition: those under 25 years of age were twice as prone to leave the Department after nine months of service or less than their older colleagues (43.7% compared to 20.6%); and the attrition of male psychology majors was more than twice that of females (48.6% of males contrasted to 20.6% of females).

Among former undergraduate anthropology-sociology-social work majors, those under 25 years of age were twice as prone to leave as their older colleagues (29.2%, in contrast to 14.3%). However, there was virtually no difference in the attrition of men and women (26.9% and 23.5%, respectively) among such majors.

Over one-third of the workers had undertaken some graduate study prior to their appointment, as may be seen in Table 3, and those that did showed only a slightly higher attrition than workers with no graduate study. For a sizeable minority of the workers, their appointment to the Department was their first full-time job (excluding summer work) and such appointees were somewhat more prone to leave the Department.[7] There was no difference in the attrition of workers assigned to the Bureau of Public Assistance and the attrition of those assigned to the Bureau of Child Welfare.

The higher the Civil Service examination score, the greater the probability that the appointee worked nine months or less. This relationship was most pronounced among those who had not undertaken graduate study.[8]

The Civil Service examination is usually taken prior to appointment. Some months after workers had been in the Department, a "performance" report was completed by their supervisors. A check list of eighteen characteristics was available for supervisors to assess. In transcribing this information, the response category "outstanding," if checked, was deemed *positive* and the category "needs improvement" was considered *negative*. (Judgments of "satisfactory", the middle category, were not transcribed.) Appointees could have been positively assessed on one or more characteristics, or none, and negatively assessed on one or more, or none. As may be seen in Table 3, workers with some negative evaluations were somewhat more prone to leave after nine months or less of service than those with none. Workers with no positive evaluations were much more likely to leave than those with some.

Attrition is a multi-faceted phenomenon. If research on attrition is to help the

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[5] *Among the New York-reared, 40.5% of the appointees under 25 years of age left the Department after nine months or less of service, compared to 23.8% of those 25 years of age and over. Among those reared out of town, there was virtually no difference in attrition between the age groups.*

[6] *Among the alumni of colleges located in New York City those under 25 years of age were twice as likely to leave the Department as their older colleagues after nine months or less of service. The attrition figures for workers from out-of-town colleges were about the same for both age groups.*

[7] *The attrition of June appointees without prior full-time, non-summer employment experience was 66.7%, in contrast to 17.6% among September appointees with such prior experience.*

[8] *Percent of appointees in 1964 who left after nine months or less of service and had...*

Civil Service Examination Score	Some Graduate Study	No Graduate Study
90 & above	37.3	40.6
80 to 89	34.3	31.8
70 to 79	30.8	21.4
60 to 69	30.2	8.6

Table 3. Percent of appointees who resigned three months and nine months after their appointment

		APPOINTEES WHO RESIGNED AFTER...		
		3 Mos. or Less	9 Mos. or Less	Number
MONTH OF APPOINTMENT	February	14.9	37.7	121
	March	18.4	41.4	152
	June	47.4	61.1	95
	September	8.2	19.0	232
	October	9.0	23.5	255
	December	9.8	27.5	246
AGE and SEX	Males, under 25 yrs. of age	21.2	40.0	330
	Females, under 25 yrs. of age	12.2	28.3	329
	Males, 25 yrs. and over	10.6	24.9	321
	Females, 25 yrs. and over	10.7	25.6	121
LOCATION OF GRADE SCHOOL	New York City	17.7	35.2	531
	Other Mid-Atlantic	12.4	31.4	169
	South Atlantic	7.0	17.4	86
	Elsewhere	11.4	25.4	315
COLLEGE LOCATION	New York City	15.6	33.8	494
	Other Mid-Atlantic	11.5	29.7	182
	New England	15.0	33.8	80
	East North Central	14.5	32.9	76
	South Atlantic	11.3	16.1	124
	Elsewhere	15.2	28.3	145
COLLEGE MAJOR[9]	Psychology	21.4	37.6	117
	Anthro-Sociol-Social Work	12.2	25.0	148
	Other Social Sciences	16.3	30.7	251
	Other Liberal Arts	14.9	35.5	276
	Fine Arts	4.8	28.6	42
	Education	8.5	18.6	59
	Math-Science-Engineering	17.2	33.3	87
	Business & Public Administration	10.8	21.6	74
	Health Education, Technical & Trade	2.9	20.6	34
GRADUATE STUDY	None	12.8	28.1	702
	Some	16.8	34.3	399
PRIOR EMPLOYMENT EXPER'CE	None	16.7	35.1	468
	Some	12.3	26.7	633
ASSIGNMENT	Public Assistance	14.6	30.8	916
	Child Welfare	13.0	29.0	131
	Other	11.1	25.9	54
CIVIL SERVICE EXAMINATION SCORE[9]	90 & over	19.9	39.0	292
	80 to 89	12.2	32.7	401
	70 to 79	13.8	24.6	232
	60 to 69	9.5	14.9	148
NEGATIVE EVALUATIONS	None	13.9	25.3	475
	Some	14.5	34.2	626
POSITIVE EVALUATIONS	None	18.4	36.2	770
	Some	4.5	16.6	331
TOTAL		14.3	30.3	1,101

9 Thirteen appointees reported a college major other than those listed and the Civil Service examination score was not recorded for 28 workers.

decision maker clarify possible avenues for action and assess probable consequences of alternative options, it should be broader and far more complex than the study described in this article.

The factors predisposing appointees to resign are multiple and probably intertwined in bringing about a decision to leave. An empirical assessment of their relative significance is possible but such an undertaking was clearly beyond the limits of data readily available in personnel records. Appointees are attracted by opportunities outside the Department: further schooling, other kinds of public service (e.g., probation officer, attendance teacher), other fields of endeavor. Undoubtedly, some are dismayed by certain aspects of their assignment in the Department: conditions of work, salary levels, clerical burdens, supervisory demands. Others are affected by personal considerations quite apart from the vocational aspect: familial responsibility, illness, and disability. And, still others, at the time of their appointment, have already decided to serve for only a very limited period.

An assessment of the impact of attrition--on clients, staff, operations, budget, and the ability of the Department to fulfill its mandates--was also beyond the scope of this inquiry. Consequently, an estimation of the consequences of alternative courses of remedial action could not be included. The subject is complex, and decisions regarding attrition must be related to decisions regarding many other factors with which the Department is concerned: When the less proficient workers leave, their attrition may not be considered as great a problem as their recruitment, appointment and evaluation. When recruits with particular "valued" characteristics leave the Department, a review of those characteristics (such as graduate study, college major, or even the college degree itself, which involves a wide variability in standards nationwide) in light of the expectancies of job performance might be in order. When appointees with apparently high capabilities resign, reevaluations of assignment and training policies and procedures might be involved, as well as a reassessment of the established criteria for measuring such capability (the Civil Service examination, for example). In other words, the problem is not simply one of reducing attrition--it involves many aspects of personnel policy.

Further, the research question is not simply a matter of "Who quits?" or "Why do they?" It is inexorably tied to questions of "Who applies?" and "Why do they?", "Who is appointed?", "What is expected of them?", "What are they trained for?" And, of great importance, "Who stays?" and "Why do they?" Indeed, if it is to be of maximum value, research on *attrition* must also involve inquiry on *retention:* such research must include not only appointees who leave but also those who stay to implement the regulations and to become the supervisors of new appointees.

This report has presented some data from a single source concerning the attrition of a sample of appointees in one job classification during one year. As such, it reflects the limitations of staff and funds that were available. Certainly a more extensive inquiry is called for. Hence, the effort described in this article was not only intended to become a basis for discussion and decision within the Department but also a basis for conducting a larger and more pertinent investigation.

GUARANTEED INCOME MAINTENANCE

A Comparison of Two Approaches

The Advisory Council on Public Welfare, in its Report of June 1966, recommended that a national floor be established under assistance payments to guarantee individuals, families, and communities the recognized basic essentials of living.[1]

It may be of some interest to compare the Council's approach to a guaranteed income with that of a general Negative Income Tax. Two assumptions have to be made as a basis for making such a comparison. The first is that both the recommendations of the Advisory Council on Public Welfare and any negative income tax proposal will be implemented in a progressive and incremental manner. The second assumption is that both approaches will have the primary objective of alleviating poverty. (This assumption is necessary because negative income tax proposals initially, and still today in modest formulations, have as their main purpose the redress of inequities in the tax system.)

If each approach is conceived as incremental and progressive in implementation, and if each has the primary goal of reducing poverty, then certain similarities and differences can be discussed.

Similarities

1. Both proposals would fill a certain percentage (not necessarily the same) of the poverty gap by providing the poor a guaranteed minimum income floor.
2. Both would provide this financial aid to the poor as a matter of right.
3. Both would base financial aid on a simplified and objective income-eligibility test, strengthened by certain safeguards to preclude fraud.
4. Both would structure a work-incentive formula into the payments schedule, guaranteeing the working poor a portion of their earnings up to a stated maximum.
5. Both would impose Federal standards for eligibility and for payments.

Differences

1. The initial phase of progressive implementation of the recommendations made in the Advisory Council Report focuses on the poorest of the poor. It can be likened to a rifle approach, aimed at selected targets among the universe of the poor. The negative income tax approach focuses on a broader population. It can be likened to a buckshot approach, with a diffusion of funds among the universe of the poor.
2. The Advisory Council approach would retain substantial State and local contributions as the base; any gap to desired payment levels would be met from Federal funds.

[1] *"Public Welfare: A Comprehensive Program of Basic Social Guarantees. A Statement of the Council's Central Recommendations," in Having the Power, We have the Duty. Report to the Secretary of Health, Education, and Welfare by the Advisory Council on Public Welfare, U.S. Department of Health, Education, and Welfare, Welfare Administration, Washington, D.C. June 29, 1966.*

The negative income tax approach could either do away entirely with State and local contributions or with the present Federal share to State and local governments, because negative income tax payments which would be paid out of Federal funds would presumably fill the gap. This means that instead of Federal grants to States, negative income tax payments would be made directly to the poor, without financial participation or responsibility of State and local jurisdictions.

3. The Advisory Council approach, in addition to providing for a guaranteed minimum income floor, emphasizes the availability of social, medical and facilitative services; this has the purpose of making resources available for improving the physical and social functioning of the poor, with the ultimate goal of developing independence wherever possible and preventing prolonged dependency for the potentially employable.

Many proponents of the negative income tax approach view poverty as solely a money problem. Plans for medical and social services or opportunity programs are not usually considered as an essential corollary to negative income tax programming.

4. The Advisory Council approach to the provision of services intends that in cases of emergency or deterioration in financial status aid be available as quickly as possible. This involves both financial aid and such other aid as may be necessary: food, shelter, medical and legal aid. The negative income tax approach does not make provision for emergency aid since it is perceived mainly as an annual refund concept.

5. The Advisory Council, in its approach to poverty, recommends principles for bringing services close to neighborhoods of needy people and for providing improved coordination of available services. This has the purpose of minimizing fragmentation and avoiding discouraging searches for help. The present trend is to simplify and coordinate service delivery, especially as applied to urban poverty centers.

The negative income tax approach places another complicated burden on the poor by expecting them to estimate income and expenditures on an annual basis and to meet other procedures established under a different administrative structure.

6. With respect to administration, and as recognized by the Advisory Council, the Welfare Administration has an existing nationwide network with an experienced staff. Thus channels for dealing with the poor are already established in every county. An expansion of administrative functions would require only an increase of present responsibilities and funds.

Most proponents of the negative income tax intend that it be administered by the Internal Revenue Service as an extension of that agency's administration of the personal Federal income tax. This would create as yet unexplored problems of integration and coordination with existing welfare programs such as social and medical services, emergency aid, and financial assistance, as now provided by welfare agencies. It would also raise problems in connection with needs not met by negative income tax payments. Public welfare agencies would, of necessity, still have to continue to carry many, if not all, of their current functions.

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Publications of Interest*

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*U.S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

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Program and Operating Statistics

Public Assistance in September 1966

In September, most programs showed increases in the number of persons assisted, with the largest increase (25,300 recipients or 0.6 percent) occurring in aid to families with dependent children. The number of recipients in the unemployed-parent segment of this program, however, decreased 5,500 in September--the seventh consecutive month to show such decrease. The number of people receiving old-age assistance rose by 3,700 or 0.2 percent; New York accounted for 1,700 of the increase. The next largest increase (3,200 or 0.6 percent) occurred in aid to the permanently and totally disabled. Smaller increases were reported for aid to the blind and general assistance.

The national decrease[1] of 30,000 in the number of recipients of medical assistance for the aged reflected largely the discontinuance of that program in Massachusetts, where payments were made in behalf of 32,000 persons in August. Massachusetts initiated a medical assistance program under title XIX in September. Twelve of the 25 States with medical assistance programs reported on the number of persons assisted; these 12 States, which accounted for 55 percent of total payments reported, had a September total of 690,000 recipients, 25,000 fewer than in August.

Expenditures for assistance totaled $520.0 million[2] in September, about the same as in August for comparable program data. As in other recent months, expenditures for medical vendor payments increased under the relatively new program of medical assistance and decreased under each of the other programs. Payments made under the program of medical assistance for the aged dropped $6.3 million from August to September[1]. Since December 1965, the month prior to which medical assistance programs under title XIX of the Social Security Act could be initiated, the monthly amount for medical vendor payments under all public assistance programs has increased by almost $23.0 million in the 50 States reporting medical vendor payments for September. This change--about 18 percent--is the net effect of the growth in volume of medical bills paid under the medical assistance programs (title XIX) and the decrease in such expenditures under the other public assistance programs including general assistance.

Expenditures for money payments were higher under each program with the largest increase ($6.0 million) reported in aid to families with dependent children. In New York, an extra clothing allowance for school children contributed to an increase of $4.6 million in this program in this State. Idaho eliminated a reduction of $2 per person in aid to families with dependent children, thereby raising the average money payment per recipient, as well as total payments. Average money payments to recipients of aid to families with dependent children in Oregon and Virginia continued to increase, reflecting changes in policies relating to the amounts of assistance to be provided that were adopted in earlier months.

Maryland provided money payments, not to exceed $10.00, for personal incidentals for persons in mental institutions, chronic hospitals, and nursing homes who had medical care provided under medical assistance; these small payments tended to depress the average payment per recipient in this State.

[1] *Excludes Michigan which did not submit a report for September.*

[2] *Payments to medical vendors for August and September not reported by Maryland, Puerto Rico, and Virgin Islands; and for Michigan, reports of such payments for September incomplete.*

TABLE 1. Number of recipients of public assistance in the United States, by month, September 1965-September 1966[1]

[Except for general assistance, includes cases receiving only vendor payments for medical care]

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/ 3/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			Medical assistance 5/	General assistance 6/	
					Families	Total recipients 4/	Children		Cases	Recipients
	Number of recipients									
1965										
September...	2,140,172	275,761	86,082	565,588	1,053,409	4,378,513	3,295,589	---	305,000	649,000
October.....	2,126,058	274,499	85,964	567,148	1,052,100	4,369,875	3,293,039	---	299,000	632,000
November....	2,129,103	280,417	86,129	571,147	1,056,521	4,393,067	3,311,929	---	300,000	641,000
December....	2,127,179	279,835	86,079	575,245	1,069,316	4,456,995	3,358,112	---	310,000	677,000
1966										
January.....	2,110,367	250,657	85,578	574,013	1,077,595	4,497,285	3,386,940	7/ 330,339	319,000	715,000
February....	2,105,346	255,423	85,524	578,377	1,091,607	4,562,156	3,435,063	7/ 321,159	319,000	714,000
March.....	2,107,226	219,752	85,305	579,874	1,094,203	4,575,521	3,445,893	7/ 388,637	321,000	712,000
April.....	2,104,327	217,797	85,129	583,901	1,102,449	4,595,265	3,465,554	7/ 369,274	302,000	649,000
May.....	2,109,303	190,127	85,163	584,261	1,094,146	4,546,916	3,435,089	7/ 597,996	290,000	609,000
June.....	2,107,226	195,470	85,013	588,062	1,090,681	4,520,400	3,417,563	7/ 627,712	286,000	592,000
July.....	2,093,606	99,672	84,663	576,507	1,081,346	4,475,225	3,385,155	7/ 678,404	279,000	574,000
August.....	2,093,460	97,053	84,600	580,473	1,088,930	4,497,559	3,402,587	7/ 715,146	285,000	596,000
September...	2,097,113	8/ 51,560	84,606	583,679	1,094,755	4,522,822	3,424,386	7/ 690,123	286,000	597,000
	Percentage change from previous month									
1965										
September...	-0.2	+3.5	(9/)	+0.4	(10/)	-0.2	(10/)	---	-2.9	-2.3
October.....	-.7	-.5	-0.1	+.3	-0.1	-.2	-0.1	---	-2.1	-2.7
November....	+.1	+2.2	+.2	+.7	+.4	+.5	+.6	---	+.5	+1.4
December....	-.1	-.2	-.1	+.7	+1.2	+1.5	+1.4	---	+3.4	+5.6
1966										
January.....	-.8	-10.4	-.6	-.2	+.8	+.9	+.9	---	+2.7	+5.6
February....	-.2	+1.9	-.1	+.8	+1.3	+1.4	+1.4	-2.8	-.1	-.1
March.....	+.1	-14.0	-.3	+.3	+.2	+.3	+.3	+21.0	+.8	-.3
April.....	-.1	-.9	-.2	+.7	+.8	+.4	+.6	-5.0	-5.9	-8.9
May.....	+.2	-12.7	(11/)	+.1	-.8	-1.1	-.9	+61.9	-3.9	-6.1
June.....	-.1	+2.8	-.2	+.6	-.3	-.6	-.5	+5.0	-1.6	-2.9
July.....	-.6	-49.0	-.4	-2.0	-.9	-1.0	-.9	+8.1	-1.9	-3.0
August.....	(10/)	-2.6	-.1	+.7	+.7	+.5	+.5	+5.4	+2.2	+3.8
September...	+.2	8/ -36.9	(11/)	+.6	+.5	+.6	+.6	-3.5	+.1	+.2

1/ All data subject to revision. 2/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Beginning September 1965, excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 5/ Program initiated January 1966 under Public Law 89-97. 6/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 7/ Data incomplete. See table 11 for number of States reporting. 8/ September data not reported for Michigan; percentage change based on comparable data. 9/ Not computed; base not comparable. 10/ Decrease of less than 0.05 percent. 11/ Increase of less than 0.05 percent.

TABLE 2. Amount of public assistance payments in the United States, by month,

7/ Data incomplete. See table 11 for number of States reporting. 8/ September data not reported for Michigan; percentage change based on comparable data. 9/ Not computed; base not comparable. 10/ Decrease of less than 0.05 percent. 11/ Increase of less than 0.05 percent.

TABLE 2. Amount of public assistance payments in the United States, by month, September 1965-September 1966[1]

/Except for general assistance, includes vendor payments for medical care/

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/ 4/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	Medical assistance 5/	General assistance 6/
	Amount of assistance							
1965								
September...	$462,861,000	$170,426,870	$52,105,597	$7,753,829	$47,894,463	$154,976,542	---	$20,670,000
October.....	457,017,000	168,348,580	50,217,185	7,783,847	49,013,402	152,707,158	---	20,009,000
November....	465,613,000	171,396,465	52,358,319	7,792,306	49,514,472	154,211,471	---	20,369,000
December....	470,535,000	169,902,685	53,116,501	8,018,238	50,201,439	158,366,820	---	21,407,000
1966								
January.....	474,511,000	165,473,714	45,166,935	7,878,108	48,402,468	157,335,806	$20,450,201	21,702,000
February....	480,503,000	165,684,904	47,805,554	7,740,584	48,964,447	160,120,859	7/ 19,634,762	22,066,000
March.....	501,709,000	163,401,635	41,614,070	7,755,450	48,534,001	162,215,720	7/ 44,549,211	22,711,000
April.....	498,294,000	163,397,411	37,677,349	7,630,251	48,935,439	161,474,677	7/ 46,717,587	21,442,000
May.....	517,739,000	163,805,473	28,343,883	7,657,700	47,283,219	157,643,736	7/ 81,353,433	20,696,000
June.....	533,970,000	163,470,911	28,771,571	7,664,806	47,928,498	157,652,364	7/ 97,435,073	20,761,000
July.....	511,239,000	152,338,578	17,907,975	7,451,957	45,249,262	156,802,297	7/ 100,935,766	20,712,000
August.....	529,487,000	154,953,280	18,946,636	7,512,100	46,460,019	159,130,961	7/ 111,576,904	21,972,000
September...	8/ 519,982,000	154,316,550	8/ 6,341,057	7,537,467	45,363,528	164,113,405	7/ 114,068,466	22,635,000
	Percentage change from previous month							
1965								
September...	+0.8	-0.8	+3.2	(9/)	-0.5	+3.0	---	+2.2
October.....	-1.3	-1.2	-3.6	+0.4	+2.3	-1.5	---	-3.2
November....	+1.9	+1.8	+4.3	+.1	+1.0	+1.0	---	+1.8
December....	+1.1	-.9	+1.4	+2.9	+1.4	+2.7	---	+5.1
1966								
January.....	+.8	-2.6	-15.0	-1.7	-3.6	-.7	---	+1.4
February....	+1.3	+.1	+5.8	-1.7	+1.2	+1.8	-4.0	+1.7
March.....	+4.4	-1.4	-13.0	+.2	-.9	+1.3	+126.9	+2.9
April.....	-.7	(10/)	-9.5	-1.6	+.8	-.5	+4.9	-5.6
May.....	+3.9	+.2	-24.8	+.4	-3.4	-2.4	+74.1	-3.5
June.....	+3.1	-.2	+1.5	+.1	+1.4	(11/)	+19.8	+.3
July.....	-4.2	-6.8	-37.8	-2.8	-5.6	-.5	+3.6	-.2
August.....	+3.6	+1.7	+5.8	+.8	+2.7	+1.5	+10.5	+6.1
September...	8/ -.6	-.4	8/ -49.9	+.3	-2.4	+3.1	+2.2	+3.0

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Beginning September 1965, excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 5/ Program initiated January 1966 under Public Law 89-97. 6/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 7/ Data incomplete. See table 11 for number of States reporting. 8/ September data for medical assistance for the aged not reported for Michigan; percentage change based on comparable data. 9/ Not computed; base not comparable. 10/ Decrease of less than 0.05 percent. 11/ Increase of less than 0.05 percent.

TABLE 3. Old-age assistance: Recipients and payments to recipients, by State, September 1966[1]

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1966 in--		September 1965 in--	
				Number	Amount	Number	Amount
Total 2/....	2,097,713	$154,316,550	$73.59	+0.2	-0.4	-2.0	-9.5
Ala.....	112,558	7,784,469	69.16	+.2	-.7	-.2	+1.5
Alaska 3/.....	1,376	121,534	88.32	+.4	-7.5	+.1	-18.8
Ariz.....	13,441	867,327	64.53	+.4	-1.6	+.6	+1.9
Ark. 3/.....	61,486	4,040,338	65.71	+.2	-.6	+2.4	+3.6
Calif.....	283,325	29,847,053	105.35	+.6	+4.5	+3.7	+3.7
Colo. 2/.....	41,679	3,878,682	93.06	-.2	-13.6	-3.3	-7.7
Conn.....	5,650	380,574	67.36	+.8	+.3	-11.6	-30.5
Del.....	1,629	125,566	77.08	+1.7	+18.8	+13.0	+26.6
D. C.....	2,259	205,882	91.14	+.7	+4.6	-3.7	-1.9
Fla. 3/.....	78,773	4,980,617	63.23	+.1	-2.5	+5.8	+5.7
Ga. 3/.....	93,764	5,470,271	58.34	+.3	-1.7	+.9	+1.8
Guam 4/.....	184	6,515	35.41	---	---	---	---
Hawaii 3/.....	1,637	119,310	72.88	+1.2	+.1	+25.9	+2.0
Idaho.....	3,866	234,341	60.62	+1.5	+1.1	-5.3	-23.0
Ill. 3/.....	42,270	2,412,643	57.08	-.3	-5.5	-22.1	-53.1
Ind.....	20,706	1,952,335	94.29	-.5	-3.1	-7.1	-3.0
Iowa.....	25,534	2,472,228	96.82	-.9	-3.1	-3.8	-4.0
Kans. 3/.....	19,222	1,749,668	91.02	-.8	-11.6	-8.6	-11.7
Ky. 3/.....	58,535	3,397,438	58.04	+.7	+4.3	-1.7	-10.9
La.....	126,516	9,267,989	73.26	+.1	+9.3	-3.7	-17.0
Maine 3/.....	10,861	548,449	50.50	+.5	-.2	+1.0	-38.8
Md. 3/.....	8,408	465,033	55.31	+4.0	+1.1	-17.9	-50.2
Mass.....	48,379	4,018,485	83.06	-2.5	-18.0	-5.5	-13.3
Mich.....	39,908	3,118,561	78.14	-1.1	-15.7	-17.8	-36.4
Minn.....	31,791	1,676,464	52.73	-.4	-.6	+2.2	-41.8
Miss.....	74,167	2,953,084	39.82	+.3	(5/)	+.8	+2.5
Mo.....	97,551	7,102,644	72.81	-.2	-5.2	-3.3	-1.8
Mont.....	4,192	290,264	69.24	+.3	+.2	-1.9	-13.9
Nebr. 3/.....	11,081	511,527	46.16	+.7	+.9	+.2	-37.4
Nev.....	2,386	199,253	83.51	+.3	-.7	+.5	+3.0
N. H.....	4,227	512,885	121.34	+.1	+.1	-1.6	+8.8
N. J.....	14,546	1,067,304	73.37	+.8	-1.5	+4.0	-15.6
N. Mex. 3/.....	9,679	753,146	77.81	+.3	-7.3	-5.0	-8.2
N. Y. 3/.....	66,333	5,090,593	76.74	+2.6	+3.5	+16.4	-8.1
N. C.....	41,451	2,688,256	64.85	(5/)	+.4	-3.1	-.9
N. Dak. 3/.....	4,858	334,976	68.95	-.4	+1.5	-3.2	-29.4
Ohio.....	74,522	5,891,894	79.06	+.2	+.1	-8.3	-20.0
Okla. 3/.....	80,731	6,193,844	76.72	+.1	+1.1	-1.7	-22.8
Oreg.....	12,494	1,087,517	87.04	-.1	(5/)	+25.4	+45.1
Pa.....	43,484	3,113,625	71.60	+.6	(5/)	-5.1	-15.7
P. R. 3/.....	26,383	226,901	8.60	-.8	-.9	-10.0	-19.1
R. I. 3/.....	5,086	262,839	51.68	+.7	-5.3	-10.4	-52.4
S. C.....	23,516	1,308,563	55.65	-.1	+1.4	-6.7	-1.8
S. Dak.....	6,294	534,883	84.98	+.2	+6.8	-3.5	-9.7
Tenn.....	44,984	3,142,460	69.86	+.8	+.4	+.4	+15.1
Tex.....	228,394	16,853,543	73.79	+.2	+1.4	-1.3	+5.4
Utah.....	4,791	254,777	53.18	(6/)	-.6	+3.8	-21.4
Vt. 3/.....	4,657	268,984	57.76	+.5	+.2	-12.4	-42.4
V. I.....	413	15,365	37.20	-1.2	-1.9	-6.6	-15.6
Va.....	12,721	945,203	74.30	-.2	-1.8	-3.0	+4.6
Wash.....	27,485	1,719,790	62.57	-.5	-.8	-11.6	-28.7
W. Va.....	13,308	593,656	44.61	+.9	+.8	-5.2	-22.7
Wis.....	21,294	1,061,114	49.83	-1.8	-5.6	-23.3	-68.7
Wyo.....	2,328	195,888	84.14	+.2	(6/)	-2.3	-5.0

1/ All data subject to revision. 2/ Includes 3,754 recipients aged 60-64 in Colorado and payments of $331,157 to these recipients. Such payments were made without Federal participation. 3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ Data for August; September data not received. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

TABLE 4. Medical assistance for the aged: Recipients and payments for recipients, by State, September 1966[1]

State	Number of recipients 2/	Payments for recipients		Percentage change from--			
		Total amount	Average	August 1966 in--		September 1965 in--	
				Number	Amount	Number	Amount
Total 3/...	51,560	$6,341,057	$122.98	-36.9	-49.9	-80.8	-87.2
Ala.....	83	10,993	132.45	-29.1	-56.6	-66.8	-85.5
Ariz.....	90	488	5.42	(4/)	(4/)	(5/)	(5/)
Ark. 6/.....	686	79,482	115.86	-27.9	-22.7	-79.0	-60.9
Colo.....	6,333	7/ 1,294,607	204.42	+4.8	-2.7	+23.1	+26.2
Del.....	132	9,706	73.53	-29.0	+2.0	-20.5	-66.1
D. C.....	549	389,679	709.80	+132.6	+255.2	-40.4	+41.4
Fla. 6/ 8/....	355	115,182	324.46	-60.2	-59.8	-52.4	-56.0
Guam.....	(9/)	(9/)	---	---	---	---	---
Ind.....	1,444	246,868	170.96	-7.8	-20.7	+114.2	+89.5
Iowa.....	4,945	534,557	108.10	+36.0	-10.5	-28.4	-38.1
Kans. 6/.....	3,783	7/ 569,116	150.44	+2.7	-8.3	+22.3	+22.8
Mich.....	(3/)	(3/)	---	---	---	---	---
Mont.....	1,672	230,409	137.80	+28.1	+41.5	+35.8	+8.3
Nev.....	288	7/ 92,993	322.89	-33.9	-52.3	-20.7	-31.8
N. H.....	2,176	37,817	17.38	-7.8	-62.9	+27.8	-41.8
N. J.....	6,165	7/ 1,738,361	281.97	-1.4	-3.3	+5.5	+20.1
N. Mex. 8/....	144	39,903	277.10	(4/)	(4/)	(4/)	(4/)
N. C.....	3,794	262,261	69.13	-3.1	-23.1	+60.4	+17.7
Oreg.....	1,374	113,759	82.79	-17.6	-32.6	-67.2	-81.9
S. C.....	20	5,404	(4/)	(4/)	(4/)	-98.0	-96.0
S. Dak.....	587	86,250	146.93	-.2	+1.6	-48.7	-18.7
Tenn.....	13,255	314,869	23.75	+10.0	-3.1	+10.4	-16.3
Va.....	3,655	123,324	33.74	+12.3	-25.4	-.2	-49.7
Wyo.....	30	45,029	(4/)	(4/)	(4/)	(4/)	(4/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Data for Michigan not received; percentage changes based on comparable data. 4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 5/ No program in operation in September 1965. 6/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 7/ Includes small amount of money payments not subject to Federal participation. 8/ Program discontinued July 1, 1966. Data represent payments made for care furnished recipients prior to July. 9/ Program in operation, report not received for September.

TABLE 5. Aid to the blind: Recipients and payments to recipients, by State, September 1966[1]

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1966 in--		September 1965 in--	
				Number	Amount	Number	Amount
Total 2/ 3/..	84,606	$7,537,467	$89.09	(4/)	+0.3	-1.7	-2.8
Ala.....	1,847	126,813	68.66	-.8	-.9	-1.3	-1.9
Alaska 5/.....	103	8,513	82.65	-4.6	-8.2	-6.4	-5.9
Ariz.....	742	53,338	71.88	-1.6	-4.3	-8.6	-8.6
Ark. 5/.....	1,891	136,261	72.06	-.3	-.3	-2.4	-2.8
Calif. 2/.....	12,467	1,616,735	129.68	+.8	+1.2	+.4	-4.5
Colo.....	227	20,847	91.84	+.9	+3.0	-3.8	-.7
Conn.....	281	21,079	75.01	+1.1	-.6	-8.5	-41.4
Del.....	335	28,074	83.80	-1.2	-1.8	+3.4	-4.4
D. C.....	202	15,845	78.44	+1.5	+1.3	-.5	+.9
Fla. 5/.....	2,621	178,661	68.17	+.1	-1.2	+1.1	+3.7
Ga. 5/.....	3,175	195,185	61.48	-.4	-.7	-.6	+.6
Guam 6/.....	6	180	(7/)	---	---	---	---
Hawaii 5/.....	66	5,829	88.32	(7/)	(7/)	(7/)	(7/)
Idaho.....	116	8,020	69.14	+2.7	+2.5	-9.4	-10.3
Ill. 5/.....	2,041	142,733	69.93	-.6	-2.3	-14.0	-37.4
Ind.....	1,676	172,294	102.80	+1.5	+17.7	-4.1	+.2
Iowa.....	1,057	117,279	110.95	-.8	-1.3	-5.8	+2.7
Kans. 5/.....	454	48,991	107.91	-.7	-2.2	-7.2	-5.1
Ky. 5/.....	2,482	174,892	70.46	-.3	+.5	-.1	-4.2
La.....	2,594	198,184	76.40	-.3	-.9	-4.7	-10.0
Maine 5/.....	229	16,736	73.08	+2.2	+1.3	-19.4	-43.5
Md. 5/.....	344	24,728	71.88	0	-1.8	-12.2	-25.6
Mass.....	2,381	386,573	162.36	+2.2	+4.8	+5.0	+12.9
Mich.....	1,495	135,253	90.47	-1.4	-7.3	-9.5	-11.0
Minn.....	913	64,908	71.09	-1.6	-1.6	-14.6	-47.7
Miss.....	2,454	115,693	47.14	-.1	+.3	-4.3	-.8
Mo. 2/.....	4,153	332,240	80.00	0	0	-4.6	+1.8
Mont.....	212	15,814	74.59	+1.0	+2.5	-8.6	-14.2
Nebr. 5/.....	489	30,264	61.89	0	+.8	-12.4	-43.7
Nev.....	152	16,206	106.62	-.7	-.9	-2.6	-6.2
N. H.....	243	31,078	127.89	0	+1.2	-5.1	+9.0
N. J.....	901	87,661	97.29	+.2	+1.4	-2.5	+2.6
N. Mex. 5/.....	350	30,529	87.23	-.3	-1.0	+.3	-9.2
N. Y. 5/.....	3,090	300,239	97.16	+.7	+2.3	-1.9	-19.5
N. C.....	4,753	345,625	72.72	-.4	-3.2	-3.3	-1.1
N. Dak. 5/.....	79	6,272	79.39	(7/)	(7/)	(7/)	(7/)
Ohio.....	3,039	232,495	76.50	-.1	-1.1	-5.3	-15.6
Okla. 5/.....	1,563	166,094	106.27	-1.0	+.2	-3.9	-17.6
Oreg.....	518	52,823	101.97	-3.9	+1.7	+1.6	+18.0
Pa. 3/.....	9,924	1,057,417	106.55	+.3	(8/)	+15.8	+36.6
P. R. 5/.....	1,232	10,683	8.67	-2.1	-2.5	-8.5	-8.1
R. I. 5/.....	107	7,717	72.12	+1.9	-.6	0	-24.1
S. C.....	1,896	124,213	65.51	-.1	-.2	+1.6	+7.7
S. Dak.....	108	8,575	79.40	-.9	-.2	-4.4	+5.5
Tenn.....	1,892	130,942	69.21	0	-.1	-8.1	+6.7
Tex.....	4,298	311,007	72.36	-.3	+.1	-6.6	-3.1
Utah.....	144	8,975	62.33	-5.9	-2.9	-11.1	-25.6
Vt. 5/.....	104	7,246	69.67	-1.9	(8/)	-16.1	-22.9
V. I.....	9	337	(7/)	(7/)	(7/)	(7/)	(7/)
Va.....	1,132	84,439	74.59	-.6	-3.3	-1.3	+1.1
Wash.....	563	40,986	72.80	-.2	-1.3	-16.5	-35.1
W. Va.....	745	34,225	45.94	+1.4	+.3	-3.5	-23.3
Wis.....	661	44,975	68.04	-1.3	-3.5	-15.6	-42.7
Wyo.....	50	4,746	94.92	(7/)	(7/)	(7/)	(7/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $14,492 to 91 recipients and Missouri, $56,936 to 702 recipients. 3/ Does not include $575,830 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation. 4/ Increase of less than 0.05 percent. 5/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 6/ Data for August; September data not received. 7/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 8/ Decrease of less than 0.05 percent.

TABLE 6. Aid to the permanently and totally disabled: Recipients and payments to recipients by State, September 1966[1]

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1966 in--		September 1965 in--	
				Number	Amount	Number	Amount
Total.....	583,679	$45,363,528	$77.72	+0.6	-2.4	+3.2	-5.3
Ala.....	15,056	764,721	50.79	+.2	+.5	+.4	+8.4
Alaska 2/.....	303	33,711	111.26	+1.7	-14.9	+32.9	-8.6
Ariz.....	4,607	306,592	66.55	+1.5	+1.5	+18.6	+17.0
Ark. 2/.....	10,153	847,158	83.44	+.7	+2.3	+4.4	+35.1
Calif.....	92,780	10,282,072	110.82	+2.8	+3.1	+20.8	+16.8
Colo.....	6,605	541,805	82.03	-.4	-.9	+6.2	+10.5
Conn.....	6,716	455,621	67.84	-1.7	-4.2	-23.1	-40.4
Del.....	592	52,814	89.21	+6.5	+7.7	+31.0	+51.9
D. C.....	3,611	307,965	85.29	-.3	-.4	+6.2	+7.4
Fla. 2/.....	20,797	1,371,213	65.93	+4.1	-2.8	+16.0	+13.4
Ga. 2/.....	27,835	1,730,221	62.16	-.3	-1.8	+2.5	+5.1
Guam 3/.....	45	1,625	(4/)	---	---	---	---
Hawaii 2/.....	1,212	121,626	100.35	+.2	-2.1	-12.2	-44.5
Idaho.....	2,675	156,133	58.37	+1.2	+1.1	-13.9	-13.8
Ill. 2/.....	29,422	2,207,432	75.03	+.7	+.8	-3.8	-28.5
Ind.....	2,086	280,886	134.65	+.7	-7.6	+22.2	+29.8
Iowa.....	1,631	186,228	114.18	-2.3	+5.1	+20.8	+46.3
Kans. 2/.....	5,467	691,626	126.51	+2.1	+3.7	+5.3	+14.7
Ky. 2/.....	12,515	875,029	69.92	+.8	+1.2	+6.2	-5.4
La.....	20,927	1,093,630	52.26	+.8	(5/)	+6.1	-5.7
Maine 2/.....	2,277	158,392	69.56	+.9	+.6	-.7	-23.8
Md. 2/.....	8,491	612,175	72.10	+2.7	+2.0	+4.9	-17.7
Mass.....	13,479	1,081,320	80.22	-6.6	-35.4	+.5	-44.9
Mich.....	15,465	1,596,333	103.22	+.2	-11.7	+17.4	+7.5
Minn.....	6,029	418,066	69.34	+2.7	+2.4	+42.7	-13.7
Miss.....	20,828	944,193	45.33	+.9	+.7	+6.8	+10.5
Mo.....	15,872	1,244,410	78.40	+.4	-2.3	+2.3	+7.7
Mont.....	1,497	102,174	68.25	-.3	+.9	-8.7	+1.6
Nebr. 2/.....	2,888	172,447	59.71	(6/)	+2.2	+6.0	-27.4
N. H.....	685	87,963	128.41	0	-.7	+8.9	+17.6
N. J.....	9,147	1,018,506	111.35	+.4	+3.5	+2.3	+10.6
N. Mex. 2/.....	4,290	399,924	93.22	+1.5	-3.3	+8.8	+9.4
N. Y. 2/.....	34,300	3,115,090	90.82	+.6	+2.9	-4.2	-35.7
N. C.....	23,835	1,933,456	81.12	+.3	+.4	+3.9	+15.2
N. Dak. 2/.....	1,632	127,025	77.83	+.7	+3.5	-5.7	-37.7
Ohio.....	20,305	1,473,625	72.57	(6/)	+.2	+2.1	-7.7
Okla. 2/.....	17,177	1,651,971	96.17	+1.3	+2.9	+14.4	-3.4
Oreg.....	6,032	571,468	94.74	-17.2	-2.6	-27.8	-2.9
Pa.....	21,465	1,523,672	70.98	+1.5	+.8	+.9	-10.4
P. R. 2/.....	19,512	169,033	8.66	-.8	-1.0	-6.0	-5.0
R. I. 2/.....	2,937	220,553	75.09	+1.5	+.5	-.5	-23.2
S. C.....	9,275	532,665	57.43	(5/)	-2.3	+1.3	+9.0
S. Dak.....	1,215	104,316	85.86	+1.0	+3.7	+7.1	+23.7
Tenn.....	14,930	1,013,960	67.91	+1.1	+.3	+7.9	+25.5
Tex.....	10,666	766,184	71.83	+1.0	+1.1	+6.8	+34.0
Utah.....	3,312	187,484	56.61	+.5	+.7	-32.0	-45.7
Vt. 2/.....	1,168	84,579	72.41	-.2	+1.1	-11.7	-21.3
V. I.....	44	1,693	(4/)	(4/)	(4/)	(4/)	(4/)
Va.....	6,948	532,025	76.57	+.4	+4.7	+.8	+7.2
Wash.....	11,773	628,912	53.42	-1.2	-1.2	-35.0	-38.8
W. Va.....	5,866	253,917	43.29	-.1	+1.5	+1.6	-17.7
Wis.....	4,545	261,239	57.48	-2.3	-4.6	-30.0	-68.4
Wyo.....	759	66,650	87.81	+.9	+5.6	+7.1	+9.3

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Data for August; September data not received. 4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

TABLE 7. Aid to families with dependent children: Recipients and payments to recipients, by State, September 1966[1]

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		August 1966 in--		September 1965 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/ 4/..	1,094,755	4,522,822	3,424,386	$164,113,405	$149.91	$36.29	+0.6	+3.1	+3.3	+5.9
Ala. 3/.....	16,949	70,006	55,761	887,251	52.35	12.67	-.1	-.3	-2.5	+4.6
Alaska 3/.....	1,295	4,795	3,690	171,141	132.16	35.69	-.3	+.7	+3.5	+4.3
Ariz. 3/ 4/....	9,831	42,661	32,445	1,213,920	123.48	28.46	+.1	+.1	+5.1	+3.9
Ark.....	7,710	32,419	24,593	598,941	77.68	18.47	+1.2	+3.6	+5.3	+16.1
Calif. 3/ 4/...	161,504	656,476	485,617	28,811,327	178.39	43.89	+.5	+1.2	+17.2	+16.4
Colo. 4/.....	12,700	49,972	38,414	2,022,347	159.24	40.47	+.8	+1.4	+12.3	+17.2
Conn. 4/.....	12,724	50,427	37,803	2,295,032	180.37	45.51	-.7	-.5	-12.3	-14.6
Del. 4/.....	2,900	12,435	9,538	381,610	131.59	30.69	+1.6	+9.1	+9.3	+15.9
D. C.....	4,771	22,688	18,304	750,774	157.36	33.09	+.1	-2.2	+3.0	+3.3
Fla.....	33,487	131,400	104,608	2,103,418	62.81	16.01	+1.4	+1.2	+20.5	+22.8
Ga.....	21,341	85,102	65,850	2,044,187	95.79	24.02	+1.0	-.2	+14.2	+20.9
Guam 5/.....	148	786	663	15,730	106.28	20.01	---	---	---	---
Hawaii 4/.....	3,581	15,590	11,567	665,423	185.82	42.68	+1.9	-6.3	+11.0	+4.6
Idaho.....	2,598	10,106	7,420	417,438	160.68	41.31	+1.6	+6.7	+4.1	+8.9
Ill. 3/ 4/.....	52,861	248,630	195,032	10,258,492	194.07	41.26	+.2	+.8	-3.9	-11.5
Ind. 3/.....	11,686	48,777	36,892	1,612,875	138.02	33.07	+.1	+3.0	-.1	+9.2
Iowa.....	11,659	46,439	33,919	1,875,924	160.90	40.40	-1.4	+1.0	+1.1	(6/)
Kans. 3/ 4/....	8,868	37,092	28,902	1,739,312	196.13	46.89	+2.3	+2.5	-2.5	+14.5
Ky. 3/.....	21,469	83,887	60,752	2,339,207	108.96	27.89	+1.2	+1.3	+.1	+10.8
La. 3/.....	24,590	108,644	83,355	2,590,016	105.33	23.84	+.1	+.4	+3.1	+5.8
Maine.....	5,088	19,061	14,060	565,722	111.19	29.68	+.2	+.2	+6.1	+9.1
Md. 3/ 4/.....	22,019	90,936	70,630	3,269,544	148.49	35.95	+.6	+.3	+5.2	+.5
Mass. 4/.....	28,109	106,197	79,995	4,907,755	174.60	46.21	-2.5	-10.4	+5.6	+1.0
Mich. 3/ 4/....	37,544	7/ 153,635	7/ 115,666	5,472,190	145.75	35.62	---	-2.4	---	-4.7
Minn. 3/.....	14,482	53,428	41,524	2,520,980	174.08	47.18	+.4	-2.0	+1.8	-8.9
Miss.....	20,789	85,116	68,592	673,703	32.41	7.92	-.2	-.1	+2.7	-11.7
Mo. 3/.....	25,908	107,365	82,590	2,737,558	105.66	25.50	+.2	-2.2	+.2	+4.1
Mont.....	2,120	8,491	6,598	312,302	147.31	36.78	-.3	-.3	+11.4	+12.6
Nebr. 3/ 4/....	4,712	18,901	14,620	545,591	115.79	28.87	+.7	(8/)	+9.2	+4.4
Nev.....	1,406	5,735	4,519	195,842	139.29	34.15	+1.8	+7.8	+9.2	+18.8
N. H.....	1,243	5,162	3,881	250,655	201.65	48.56	+3.2	+1.8	+11.4	+21.9
N. J.....	30,011	119,862	91,122	6,228,983	207.56	51.97	+.8	+2.0	+7.6	+10.5
N. Mex. 3/.....	7,642	31,701	24,202	1,118,946	146.42	35.30	-1.3	+4.2	+6.1	+15.1
N. Y. 4/.....	144,830	599,609	443,572	34,727,916	239.78	57.92	+2.5	+15.5	+8.6	+13.0
N. C. 3/.....	25,877	107,579	80,833	2,850,660	110.16	26.50	+.4	+.4	+.4	+6.2
N. Dak.....	2,047	8,133	6,192	361,622	176.66	44.46	+.8	+5.4	-.1	+1.9
Ohio 4/.....	44,512	187,032	140,976	6,175,071	138.73	33.02	+.1	-.3	-2.8	-.4
Okla. 3/ 4/....	20,099	79,226	59,595	2,777,397	138.19	35.06	+1.8	+4.6	+6.3	+10.5
Oreg. 3/ 4/....	8,499	32,033	23,706	1,366,002	160.73	42.64	-1.4	+.8	+1.3	+3.4
Pa. 4/.....	56,079	240,224	177,922	7,707,060	137.43	32.08	-.6	+.1	-14.6	-12.5
P. R.....	44,386	181,231	145,500	747,742	16.85	4.13	-.1	-1.1	-6.3	-5.4
R. I. 4/.....	6,377	24,718	18,295	1,007,263	157.95	40.75	+1.9	+1.5	+5.1	-1.2
S. C.....	6,457	25,256	20,427	421,779	65.32	16.70	-1.3	-2.3	-7.9	-2.1
S. Dak.....	3,288	12,392	9,367	456,560	138.86	36.84	+1.0	+5.2	+5.7	+20.1
Tenn. 3/.....	20,692	83,697	64,422	2,284,186	110.39	27.29	+.8	+1.0	+6.3	+18.3
Tex.....	21,937	99,219	75,225	2,654,466	121.00	26.75	+1.1	+1.3	+8.2	+51.8
Utah 3/ 4/.....	5,410	21,567	15,757	779,276	144.04	36.13	+.1	-1.1	-2.0	+3.6
Vt.....	1,523	5,899	4,342	170,655	112.05	28.93	+.6	+.8	+6.2	+3.5
V. I.....	318	1,275	1,080	26,638	83.77	20.89	-2.8	-.6	+15.9	+22.1
Va. 3/.....	11,318	48,365	37,346	1,361,262	120.27	28.15	+2.3	+5.4	+4.5	+16.2
Wash. 3/ 4/....	13,207	50,177	36,630	2,049,157	155.16	40.84	-.4	-1.6	-20.1	-8.0
W. Va. 3/ 4/...	21,152	98,980	70,256	2,350,942	111.15	23.75	-.2	(8/)	-8.1	-18.0
Wis. 3/ 4/.....	11,855	48,011	36,528	2,070,303	174.64	43.12	+3.3	+3.9	+9.8	+2.5
Wyo.....	1,147	4,277	3,291	173,312	151.10	40.52	+2.4	+4.2	+10.4	+15.3

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on foster-family care; see table 10. 4/ Includes data on unemployed-parent segment; see table 8. 5/ Data for August; September data not received. 6/ Increase of less than 0.05 percent. 7/ Estimated. 8/ Decrease of less than 0.05 percent.

TABLE 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, September 1966[1]

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		August 1966 in--		September 1965 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	48,508	286,043	196,372	$10,256,747	$211.44	$35.86	-1.9	-1.1	-15.0	-9.1
Ariz.....	4	25	18	607	(3/)	(3/)	(3/)	(3/)	(4/)	(4/)
Calif.....	15,873	94,374	65,166	3,456,419	217.75	36.62	-3.2	-.8	+24.8	+26.4
Colo.....	603	3,726	2,535	143,771	238.43	38.59	+2.4	+1.6	(4/)	(4/)
Conn.....	403	2,487	1,701	100,544	249.49	40.43	-13.4	-4.3	-68.1	-55.0
Del.....	145	772	529	23,360	161.10	30.26	-5.6	-3.1	-23.5	-20.4
Hawaii.....	256	1,605	1,093	58,939	230.23	36.72	-.1	-5.9	+3.5	-6.5
Ill.....	2,991	19,899	14,057	738,918	247.05	37.13	-1.6	-2.2	-37.2	-42.4
Kans.....	198	1,279	890	53,856	272.00	42.11	-9.7	-6.4	-38.5	-31.4
Md.....	259	1,505	999	47,291	182.59	31.42	+5.5	+6.7	-20.7	-14.3
Mass.....	487	2,830	1,957	120,548	247.53	42.60	-9.0	-13.9	-19.4	-21.5
Mich. 5/.....	1,625	10,535	7,358	319,391	196.55	30.32	---	---	---	---
Nebr.....	16	111	79	2,155	(3/)	(3/)	+2.8	-4.5	(4/)	(4/)
N. Y.....	11,098	61,851	42,265	2,919,019	263.02	47.19	+.6	+10.4	-20.9	-4.8
Ohio.....	2,569	15,825	10,978	491,397	191.28	31.05	-5.6	-6.6	-36.8	-31.6
Okla.....	205	1,214	810	38,964	190.07	32.10	+55.4	+56.8	+556.2	+663.3
Oreg.....	687	3,761	2,623	141,807	206.41	37.70	-5.1	-.6	-2.1	-2.4
Pa.....	1,984	11,575	7,756	283,489	142.89	24.49	-6.1	-6.4	-57.0	-50.8
R. I.....	250	1,477	991	50,063	200.25	33.90	+1.1	+.7	-20.2	-28.7
Utah.....	765	4,154	2,885	94,457	123.47	22.74	-8.2	-13.7	-20.7	-16.7
Wash.....	468	2,587	1,683	87,440	186.84	33.80	+3.1	+3.4	-64.3	-51.9
W. Va.....	7,157	41,859	28,141	986,519	137.84	23.57	-.9	-21.6	-13.2	-24.3
Wis.....	465	2,592	1,858	97,793	210.31	37.73	+13.6	+5.6	(4/)	(4/)

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Average payment not computed on fewer than 50 families; percentage change on fewer than 100 recipients.
4/ No program in operation in September 1965.
5/ Data for July; complete data for August and September not received.

TABLE 9. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, September 1966[1]

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs	Other				Total	For work performed on work and training programs
Total.....	5,941	33,309	5,979	4,184	23,146	$1,312,032	$841,164	$220.84	$141.59
Calif.....	2,414	12,985	2,452	1,588	8,945	524,075	244,497	217.10	101.28
Colo.....	234	1,463	234	227	1,002	53,514	26,363	228.69	112.66
Ill.....	727	4,483	727	587	3,169	162,323	128,200	223.28	176.34
Kans.....	55	368	55	52	261	15,626	5,685	284.11	103.36
Md.....	20	110	20	20	70	3,564	2,965	(3/)	(3/)
Mich.....	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	---	---
Ohio.....	2,082	11,607	2,082	1,324	8,201	472,414	384,196	226.90	184.53
Oreg.....	76	428	76	67	285	17,752	7,460	233.58	98.16
Pa.....	257	1,464	257	257	950	48,024	30,837	186.86	119.99
Wash.....	48	266	48	48	170	9,000	6,205	(3/)	(3/)
W. Va.....	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	---	---
Wis.....	28	135	28	14	93	5,740	4,756	(3/)	(3/)

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. These data are included in data for the total program and for the unemployed-parent segment. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Average payment not computed on base of fewer than 50 families. 4/ Data not received.

TABLE 10. Aid to families with dependent children receiving foster care: Recipients and

families. 4/ Data not received.

TABLE 10. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, September 1966[1]

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	8,128	2/ 6,268	2/ 320	3,406	$743,074	$91.42	2/ $441,780	2/ $51,932
Ala.....	0	0	0	0	0	0	0	0
Alaska.....	77	77	0	36	9,531	123.78	9,531	0
Ariz.....	254	254	0	98	11,829	46.57	11,829	0
Calif.....	1,472	1,353	119	686	137,210	93.21	113,675	23,535
Ill.....	1,540	(2/)	(2/)	600	249,362	161.92	(2/)	(2/)
Ind.....	153	153	0	52	6,064	39.63	6,064	0
Kans.....	109	107	2	52	11,278	103.47	10,993	285
Ky.....	30	30	0	9	2,100	(3/)	2,100	0
La.....	703	647	56	293	53,500	76.10	47,049	6,451
Md.....	1,071	1,016	55	350	83,026	77.52	77,652	5,374
Mich.....	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Minn.....	211	179	32	110	21,039	99.71	13,496	7,543
Mo.....	91	91	0	24	4,942	54.31	4,942	0
Nebr.....	38	38	0	11	2,081	(3/)	2,081	0
N. Mex.....	87	87	0	14	5,822	66.92	5,822	0
N. C.....	36	36	0	11	2,072	(3/)	2,072	0
Okla.....	371	371	0	291	18,827	50.75	18,827	0
Oreg.....	141	141	0	58	10,341	73.34	10,341	0
Tenn.....	419	384	35	146	29,502	70.41	27,447	2,055
Utah.....	322	322	0	148	16,833	52.28	16,833	0
Va.....	79	79	0	23	3,580	45.32	3,580	0
Wash.....	539	539	0	231	32,601	60.48	32,601	0
W. Va.....	169	169	0	61	12,121	71.72	12,121	0
Wis.....	216	195	21	102	19,413	89.88	12,724	6,689

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children. 4/ Data not received.

TABLE 11. Medical assistance: Recipients and payments for recipients, September 1966[1]

State	Number of recipients	Payments for recipients	
		Total amount	Average
Total, 22 States 2/	(3/)	$114,068,466	---
Total, 12 States reporting completely	690,123	$62,326,343	$90.31
Calif	(3/)	31,412,672	---
Conn	(3/)	2,724,836	---
Hawaii	2,072	331,329	159.91
Idaho	3,883	468,794	120.73
Ill	183,207	6,382,080	34.84
Ky	(3/)	1,211,936	---
La	(3/)	2,070,130	---
Maine	(3/)	537,281	---
Mass	(3/)	8,596,591	---
Minn	57,322	5,324,900	92.89
Nebr	(3/)	1,449,830	---
N. Y	214,675	30,027,965	139.88
N. Dak	6,374	625,514	98.14
Ohio	42,533	876,870	20.62
Okla	25,332	5,355,257	211.40
Pa	102,446	7,977,661	77.87
R. I	(3/)	737,948	---
Utah	9,812	740,984	75.52
Vt	5,567	306,479	55.05
Wash	(3/)	2,665,257	---
W. Va	(3/)	335,642	---
Wis	36,900	3,908,510	105.92

1/ Program initiated January 1966 under Public Law 89-97. All data subject to revision.
2/ Data not reported by Maryland, Puerto Rico, and Virgin Islands.
3/ Number of recipients not reported by California, Connecticut, Kentucky, Louisiana, Maine, Massachusetts, Nebraska, Rhode Island, Washington, and West Virginia.

TABLE 12. General assistance: Recipients and payments to recipients, by State, September 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		August 1966 in--		September 1965 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	286,000	597,000	$22,635,000	$79.25	$37.93	+0.2	+3.0	-8.1	+9.5
Ala.	69	69	910	13.19	13.19	(3/)	(3/)	(3/)	(3/)
Alaska	143	496	7,392	51.69	14.90	-17.3	-25.2	+56.0	+9.4
Ariz.	2,085	5,335	112,406	53.91	21.07	+1.6	-3.5	+7.2	-1.5
Ark.	290	1,126	4,315	14.88	3.83	+1.4	-7.2	-24.6	-23.1
Calif.	23,609	40,010	1,688,517	71.52	42.20	+3.0	+6.8	+28.0	+43.6
Colo.	1,074	3,271	47,888	44.59	14.64	-20.1	-4.8	-19.0	-6.2
Conn.	4/ 4,137	4/ 11,689	4/ 325,559	78.69	27.85	+5.0	+15.4	-8.4	-.8
Del.	1,380	2,654	75,065	54.39	28.28	+12.9	+11.6	+4.0	+2.0
D. C.	1,004	1,073	77,718	77.41	72.43	+1.7	+2.6	+27.0	+28.6
Fla. 5/	7,700	(6/)	239,000	---	---	---	---	---	---
Ga.	2,482	5,917	85,534	34.46	14.46	-4.3	-2.8	+4.8	+12.0
Guam 7/	20	26	807	---	---	---	---	---	---
Hawaii	1,093	1,730	99,437	90.98	57.48	+3.9	-3.0	+36.4	+15.8
Ill.	19,784	43,359	1,682,559	85.05	38.81	-3.3	-4.1	-11.9	-6.5
Iowa 5/	2,900	6,700	112,000	---	---	---	---	---	---
Kans.	2,316	5,247	192,781	83.24	36.74	+4.7	+2.5	-20.2	+.4
Ky.	1,308	4,039	49,307	37.70	12.21	+6.2	+13.3	+12.2	+13.7
La.	6,429	7,068	337,196	52.45	47.71	-2.6	-2.3	-18.4	-18.0
Maine	1,736	5,148	81,643	47.03	15.86	-11.6	+1.6	-31.9	-26.7
Md.	8,349	9,372	657,693	78.78	70.18	-1.1	-1.5	+9.7	+11.4
Mass.	7,274	14,645	588,447	80.90	40.18	+.1	+1.3	-4.3	+3.6
Mich.	16,502	8/ 49,007	1,886,259	114.30	38.49	-1.8	-.6	-11.0	+26.7
Minn.	5,814	17,133	490,293	84.33	28.62	-2.8	-4.6	-14.8	-19.9
Miss.	1,133	1,395	21,886	19.32	15.69	+4.7	-1.2	-2.8	+10.3
Mo.	9,278	11,748	627,730	67.66	53.43	-.9	-.5	-5.6	-1.2
Mont.	898	2,468	49,479	55.10	20.05	-3.0	+.9	-15.5	-2.0
Nev.	371	745	15,694	42.30	21.07	-5.6	+2.1	+9.9	-25.3
N. H.	628	1,916	38,103	60.67	19.89	-4.9	-8.9	-18.4	-11.7
N. J. 9/	9,467	29,138	1,181,322	124.78	40.54	+2.1	+4.1	-4.1	+9.7
N. Mex.	249	428	10,781	43.30	25.19	-27.0	-.2	-16.1	-5.1
N. Y. 10/	56,206	120,283	6,350,967	112.99	52.80	+2.9	+11.6	+12.3	+30.7
N. C.	1,621	4,411	51,055	31.50	11.57	+13.3	+38.4	-4.2	-1.2
N. Dak.	228	921	12,535	54.98	13.61	-9.7	-9.6	-4.5	-9.9
Ohio	20,468	56,131	1,851,091	90.44	32.98	+1.7	-3.8	-31.3	+10.9
Okla.	6,014	(6/)	76,019	12.64	---	---	+.8	---	-16.0
Oreg.	3,082	(6/)	158,411	51.40	---	---	+1.0	---	-4.9
Pa.	28,031	34,329	1,896,470	67.66	55.24	-1.9	-1.6	-13.5	-11.0
P. R.	693	693	5,996	8.65	8.65	-44.7	-46.7	-45.0	-43.2
R. I.	3,020	7,819	220,266	72.94	28.17	+15.5	+29.6	+3.7	+13.6
S. C.	1,137	1,295	29,308	25.78	22.63	+4.8	-15.6	-20.6	-25.6
S. Dak.	299	981	9,985	33.39	10.18	+5.3	+4.3	-16.2	-15.6
Tenn.	1,694	2,788	47,362	27.96	16.99	+3.7	+14.8	-7.7	-3.6
Tex. 11/	7,900	(6/)	241,000	---	---	---	---	---	---
Utah	581	876	42,586	73.30	63.00	-7.1	+8.4	-24.4	-3.3
Vt. 11/	900	(6/)	26,000	---	---	---	---	---	---
V. I.	182	194	6,950	38.19	35.82	-3.5	-3.1	-11.4	-11.9
Va.	2,833	6,571	156,951	55.40	23.89	-4.6	+1.0	-13.8	+11.5
Wash.	6,212	10,177	486,586	78.33	47.81	-4.0	-3.4	+2.3	+4.0
W. Va.	1,693	3,120	65,672	38.79	21.05	+4.7	+1.5	+21.4	+8.4
Wis.	4,010	11,163	308,846	77.02	27.67	-11.7	-11.0	-40.9	-39.7
Wyo.	281	910	16,781	59.72	18.44	+7.7	+.6	-14.2	-25.3

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 11 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Data for August; September data not received 8/ Estimated. 9/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services. 10/ Includes an unknown number of cases and persons receiving only medical care. 11/ Estimated on basis of reports from sample of local jurisdictions.

Nebraska, Rhode Island, Washington, and West Virginia.

TABLE 13. Amount of vendor payments for medical care for recipients of public assistance, by program and State, September 1966[1]

State	Total 2/	Percentage change from-- August 1966	Percentage change from-- September 1965	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	Medical assistance	General assistance 2/
Total 3/	$145,861,000	-6.2	+21.2	$13,712,148	$6,283,689	$245,351	$2,991,537	$2,953,661	$114,068,466	$5,606,000
Ala.	1,021,227	-5.5	-26.6	918,316	10,993	3,977	86,927	1,012	---	2
Alaska 4/	87,038	-36.4	-29.8	23,763	---	---	11,455	310	---	51,510
Ariz.	130,450	+48.0	+67.3	129,962	488	---	---	---	---	---
Ark. 4/	1,346,525	-1.7	-6.1	883,685	79,482	19,267	273,922	55,952	---	34,217
Calif.	31,412,672	-27.2	+103.6	---	---	---	---	---	31,412,672	---
Colo.	2,078,330	-26.2	+2.2	468,545	5/ 1,263,346	4,330	127,699	165,125	---	43,285
Conn.	2,724,836	+10.2	+7.2	---	---	---	---	---	2,724,836	---
Del.	33,980	+120.3	-38.6	22,963	9,706	1,311	---	---	---	---
D. C.	495,243	+143.3	+28.8	64,409	389,679	419	40,179	387	---	170
Fla. 4/	1,588,882	-19.5	+1.6	1,165,401	115,182	15,290	202,098	90,911	---	---
Ga.	1,223,419	-11.2	(6/)	990,550	(7/)	13,425	176,029	43,415	---	---
Guam	3,454	---	---	---	---	---	122	3,332	---	---
Hawaii 4/	340,688	-8.9	-36.4	---	---	---	---	---	331,329	9,359
Idaho	468,794	+9.5	+5.8	---	---	---	---	---	468,794	---
Ill. 4/	7,163,145	-15.9	-14.6	---	---	---	---	---	6,382,080	781,065
Ind.	1,829,394	-3.9	+13.5	997,389	246,868	70,269	184,104	330,764	---	---
Iowa	2,098,185	-6.2	-11.6	1,074,948	534,557	20,144	84,056	173,480	---	8/ 211,000
Kans. 4/	1,382,731	-16.5	-6.7	279,443	5/ 552,054	10,612	153,331	248,966	---	138,325
Ky. 4/	1,211,936	-26.9	-32.0	---	---	---	---	---	1,211,936	---
La.	2,076,517	+10.3	-21.4	---	---	---	---	---	2,070,130	6,387
Maine 4/	616,940	+17.5	-1.9	---	---	---	---	---	537,281	79,659
Md. 4/	(3/)	---	---	---	---	---	---	---	(3/)	---
Mass.	8,748,700	-3.0	+4.6	---	---	---	---	---	8,596,591	152,109
Mich.	(3/)	---	---	(3/)	(3/)	(3/)	(3/)	(3/)	---	(3/)
Minn.	5,619,276	-10.8	+11.3	---	---	---	---	---	5,324,900	294,376
Miss.	36,604	+5.2	-71.5	35,808	---	796	---	---	---	---
Mo.	1,074,619	-32.1	-33.1	909,942	---	---	91,340	47,791	---	25,546
Mont.	582,478	+18.4	+6.3	27,038	230,409	---	---	222	---	324,809
Nebr. 4/	1,449,830	+4.8	+99.8	---	---	---	---	---	1,449,830	---
Nev.	149,872	-39.4	-54.6	20,378	5/ 91,146	1,092	---	22,657	---	14,599
N. H.	214,975	-23.5	-7.1	99,236	37,817	5,171	26,951	45,800	---	---
N. J.	2,748,907	-2.8	+5.9	126,362	5/ 1,731,163	11,951	304,504	361,831	---	213,096
N. Mex. 4/	530,831	-.5	+24.2	201,085	39,903	5,783	102,227	178,818	---	3,075
N. Y. 4/	30,027,965	+68.3	+50.3	---	---	---	---	---	30,027,965	---
N. C.	1,603,423	-5.4	+24.1	373,059	262,261	12,986	515,015	345,280	---	94,822
N. Dak. 4/	638,245	-2.7	+4.1	---	---	---	---	---	685,514	12,731
Ohio	1,527,189	-57.9	-60.4	---	---	---	---	---	876,870	650,319
Okla. 4/	5,355,257	+33.5	+123.9	---	---	---	---	---	5,355,257	---
Oreg.	1,039,202	-9.4	-11.3	585,581	113,759	10,857	177,368	142,372	---	69,265
Pa.	7,977,661	-29.7	+20.8	---	---	---	---	---	7,977,661	---
P. R. 4/	(3/)	---	---	---	---	---	---	---	(3/)	---
R. I. 4/	815,829	+11.1	-8.1	---	---	---	---	---	737,948	77,881
S. C.	483,436	+2.3	-15.6	333,957	5,404	18,205	88,626	17,674	---	19,570
S. Dak.	395,937	+6.3	-15.7	193,809	86,250	420	28,686	---	---	86,772
Tenn.	1,099,390	(9/)	+4.6	674,760	314,869	3,595	44,790	61,376	---	---
Tex.	3,466,368	+5.7	+32.5	2,784,968	---	2,183	136,750	542,467	---	---
Utah	743,303	+14.0	+46.0	---	---	---	---	---	740,984	2,319
Vt. 4/	306,479	-11.1	+13.3	---	---	---	---	---	306,479	---
V. I.	(3/)	---	---	---	---	---	---	---	(3/)	---
Va.	691,626	-5.6	-5.1	351,902	123,324	12,157	121,359	57,755	---	25,129
Wash.	2,984,202	-27.0	+6.7	---	---	---	---	---	2,665,257	318,945
W. Va.	335,642	-63.7	-65.1	---	---	---	---	---	335,642	---
Wis.	4,068,703	+.8	-7.0	---	---	---	---	---	3,908,510	160,193
Wyo.	156,402	+32.6	+15.4	34,949	45,029	1,171	13,999	15,964	---	45,290

1/ All data subject to revision. 2/ Data incomplete for general assistance. Some States do not report these data and for some the date represent only partial reporting. The total includes an estimated amount for these States. 3/ Data not reported by Maryland, Michigan, Puerto Rico, and Virgin Islands; percentage changes based on comparable data. 4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Excludes small amount of money payments not subject to Federal participation. 6/ Increase of less than 0.05 percent. 7/ Program in operation report not received for September 1966. 8/ Partly estimated. 9/ Decrease of less than 0.05 percent.

TABLE 14. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, September 1966[1]

State	Old-age assistance				Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)			
	All assistance	Money payments to recipients	Vendor payments for medical care	Medical assistance for the aged	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	Medical assistance
Total...	$73.59	2/$66.83	2/$6.67	2/$121.87	$89.09	2/$86.11	2/$2.95	$77.72	2/$71.76	2/$5.26	$36.29	2/$35.63	2/$0.68	3/$90.31
Ala.	69.16	61.00	8.16	132.45	68.66	66.51	2.15	50.79	45.02	5.77	12.67	12.66	.01	---
Alaska 4/	88.32	71.05	17.27	---	82.65	82.65	---	111.26	73.45	37.81	35.69	35.63	.06	---
Ariz.	64.53	54.86	9.67	5.42	71.88	71.88	---	66.55	66.55	---	28.46	28.46	---	---
Ark. 4/	65.71	51.34	14.37	115.86	72.06	61.87	10.19	83.44	56.46	26.98	18.47	16.75	1.73	---
Calif.	105.35	105.35	---	---	129.68	129.68	---	110.82	110.82	---	43.89	43.89	---	(3/)
Colo.	93.06	81.82	11.24	5/199.49	91.84	72.76	19.07	82.03	62.70	19.33	40.47	37.17	3.30	---
Conn.	67.36	67.36	---	---	75.01	75.01	---	67.84	67.84	---	45.51	45.51	---	(3/)
Del.	77.08	62.99	14.10	73.53	83.80	79.89	3.91	89.21	89.21	---	30.69	30.69	---	---
D. C.	91.14	62.63	28.51	709.80	78.44	76.37	2.07	85.29	74.16	11.13	33.09	33.07	.02	---
Fla. 4/	63.23	48.43	14.79	324.46	68.17	62.33	5.83	65.93	56.22	9.72	16.01	15.32	.69	---
Ga. 4/	58.34	47.78	10.56	---	61.48	57.25	4.23	62.16	55.84	6.32	24.02	23.51	.51	---
Guam 6/	35.41	35.41	---	(7/)	(8/)	(8/)	---	(8/)	(8/)	(8/)	20.01	15.77	4.23	---
Hawaii 4/	72.88	72.88	---	---	88.32	88.32	---	100.35	100.35	---	42.68	42.68	---	159.91
Idaho	60.62	60.62	---	---	69.14	69.14	---	58.37	58.37	---	41.31	41.31	---	120.73
Ill. 4/	57.08	57.08	---	---	69.93	69.93	---	75.03	75.03	---	41.26	41.26	---	34.84
Ind.	94.29	46.12	48.17	170.96	102.80	60.87	41.93	134.65	46.40	88.26	33.07	26.29	6.78	---
Iowa	96.82	54.72	42.10	108.10	110.95	91.90	19.06	114.18	62.64	51.54	40.40	36.66	3.74	---
Kans. 4/	91.02	76.49	14.54	5/145.93	107.91	84.54	23.37	126.51	98.46	28.05	46.89	40.18	6.71	---
Ky. 4/	58.04	58.04	---	---	70.46	70.46	---	69.92	69.92	---	27.89	27.89	---	(3/)
La.	73.26	73.26	---	---	76.40	76.40	---	52.26	52.26	---	23.84	23.84	---	(3/)
Maine 4/	50.50	50.50	---	---	73.08	73.08	---	69.56	69.56	---	29.68	29.68	---	(3/)
Md. 4/	55.31	55.31	---	---	71.88	71.88	---	72.10	72.10	---	35.95	35.95	---	(3/)
Mass.	83.06	83.06	---	---	162.36	162.36	---	80.22	80.22	---	46.21	46.21	---	(3/)
Mich.	78.14	(2/)	(2/)	(2/)	90.47	(2/)	(2/)	103.22	(2/)	(2/)	35.62	(2/)	(2/)	---
Minn.	52.73	52.73	---	---	71.09	71.09	---	69.34	69.34	---	47.18	47.18	---	92.89
Miss.	39.82	39.33	.48	---	47.14	46.82	.32	45.33	45.33	---	7.92	7.92	---	---
Mo.	72.81	63.48	9.33	---	80.00	80.00	---	78.40	72.65	5.75	25.50	25.05	.45	---
Mont.	69.24	62.79	6.45	137.80	74.59	74.59	---	68.25	68.25	---	36.78	36.75	.03	---
Nebr. 4/	46.16	46.16	---	---	61.89	61.89	---	59.71	59.71	---	28.87	28.87	---	(3/)
Nev.	83.51	74.97	8.54	5/316.48	106.62	99.43	7.18	---	---	---	34.15	30.20	3.95	---
N. H.	121.34	97.86	23.48	17.38	127.89	106.61	21.28	128.41	89.07	39.34	48.56	39.69	8.87	---
N. J.	73.37	64.69	8.69	5/280.81	97.29	84.03	13.26	111.35	78.06	33.29	51.97	48.95	3.02	---
N. Mex. 4/	77.81	57.04	20.77	277.10	87.23	70.70	16.52	93.22	69.39	23.83	35.30	29.66	5.64	---
N. Y. 4/	76.74	76.74	---	---	97.16	97.16	---	90.82	90.82	---	57.92	57.92	---	139.88
N. C.	64.85	55.85	9.00	69.13	72.72	70.00	2.72	81.12	59.51	21.61	26.50	23.29	3.21	---
N. Dak. 4/	68.95	68.95	---	---	79.39	79.39	---	77.83	77.83	---	44.46	44.46	---	98.14
Ohio	79.06	79.06	---	---	76.50	76.50	---	72.57	72.57	---	33.02	33.02	---	20.62
Okla. 4/	76.72	76.72	---	---	106.27	106.27	---	96.17	96.17	---	35.06	35.06	---	211.40
Oreg.	87.04	44.98	42.07	82.79	101.97	81.02	20.96	94.74	65.33	29.40	42.64	38.20	4.44	---
Pa.	71.60	71.60	---	---	106.55	106.55	---	70.98	70.98	---	32.08	32.08	---	77.87
P. R. 4/	8.60	8.60	---	---	8.67	8.67	---	8.66	8.66	---	4.13	4.13	---	(3/)
R. I. 4/	51.68	51.68	---	---	72.12	72.12	---	75.09	75.09	---	40.75	40.75	---	(3/)
S. C.	55.65	41.44	14.20	(8/)	65.51	55.91	9.60	57.43	47.87	9.56	16.70	16.00	.70	---
S. Dak.	84.98	54.19	30.79	146.93	79.40	75.51	3.89	85.86	62.25	23.61	36.84	36.84	---	---
Tenn.	69.86	54.86	15.00	23.75	69.21	67.31	1.90	67.91	64.91	3.00	27.29	26.56	.73	---
Tex.	73.79	61.60	12.19	---	72.36	71.85	.51	71.83	59.01	12.82	26.75	21.29	5.47	---
Utah	53.18	53.18	---	---	62.33	62.33	---	56.61	56.61	---	36.13	36.13	---	75.52
Vt. 4/	57.76	57.76	---	---	69.67	69.67	---	72.41	72.41	---	28.93	28.93	---	55.05
V. I.	37.20	37.20	---	---	(8/)	(8/)	---	(8/)	(8/)	---	20.89	20.89	---	(3/)
Va.	74.30	46.64	27.66	33.74	74.59	63.85	10.74	76.57	59.11	17.47	28.15	26.95	1.19	---
Wash.	62.57	62.57	---	---	72.80	72.80	---	53.42	53.42	---	40.84	40.84	---	(3/)
W. Va.	44.61	44.61	---	---	45.94	45.94	---	43.29	43.29	---	23.75	23.75	---	(3/)
Wis.	49.83	49.83	---	---	68.04	68.04	---	57.48	57.48	---	43.12	43.12	---	105.92
Wyo.	84.14	69.13	15.01	(8/)	94.92	71.50	23.42	87.81	69.37	18.44	40.52	36.79	3.73	---

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Data not reported for Michigan. 3/ Data not reported by California, Connecticut, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Nebraska, Puerto Rico, Rhode Island, Virgin Islands, Washington, and West Virginia. 4/ Except for aid to families with dependent children and medical assistance, data for each program represent average payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Excludes small amount of money payments not subject to Federal participation. 6/ Data for August; September data not received. 7/ Program in operation; report not received for September. 8/ Average payment not computed on base of fewer than 50 recipients.

Old-age, survivors, and disability insurance benefits, summary data, September 1966

CURRENT MONTH DATA

Type of benefit	Benefits awarded in month		Benefits in current-payment status, end of month			Amount of benefits paid 1/ in month (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	358,942	---	---	---	---	$1,685,052
Total, OASI	303,955	---	---	---	---	1,533,197
Monthly benefits, OASI and DI	262,860	---	21,918,817	$1,598,217	---	1,665,048
Monthly benefits, OASI	207,873	---	19,991,661	1,465,390	---	1,513,194
Monthly benefits, DI	54,987	---	1,927,156	132,827	---	151,855
Old-age (retired-worker)	94,551	$87.97	11,562,891	973,454	$84.19	992,472
Disability (disabled-worker)	23,562	101.73	1,075,605	105,438	98.03	118,585
Wife's or husband's (OASI and DI)	31,964	40.45	2,845,408	122,491	43.05	129,091
Wife's or husband's (OASI)	24,612	41.82	2,631,358	115,116	43.75	119,784
Wife's or husband's (DI)	7,352	35.84	214,050	7,375	34.45	9,307
Widow's or widower's	30,518	74.82	2,558,919	189,290	73.97	200,367
Parent's	290	81.50	34,698	2,650	76.36	2,955
Child's (OASI and DI)	73,452	---	3,355,031	173,061	---	186,399
Child's (OASI--total)	49,379	---	2,717,530	153,047	---	162,436
Child's (OASI--life) 2/	11,939	36.10	498,504	16,310	32.72	17,397
Child's (OASI--survivor) 2/	37,440	60.98	2,219,026	136,737	61.62	145,039
Child's (DI)	24,073	32.40	637,501	20,014	31.39	23,963
Mother's	8,523	67.33	486,265	31,833	65.46	35,180
Lump-sum death payments	96,082	3/ 224.91	---	---	---	20,003

COMPARATIVE DATA

Item	September 1966	August 1966	September 1965
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	21,918,817	21,856,659	20,390,805
Total, OASI	19,991,661	19,950,061	18,706,337
Total, DI	1,927,156	1,906,598	1,684,468
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,685,052	$1,693,614	$2,266,233
Total, OASI	1,533,197	1,542,655	2,075,767
Total, DI	151,855	150,959	190,466
Number of old-age (retired-worker) benefits:			
Awarded	94,551	86,209	136,766
In current-payment status, end of month	11,562,891	11,531,666	10,966,408
Average old-age (retired-worker) benefit:			
Awarded	$87.97	$86.39	$91.81
In current-payment status, end of month	84.19	84.16	83.98
Number of disability insurance (disabled-worker) benefits:			
Awarded	23,562	22,124	24,423
In current-payment status, end of month	1,075,605	1,063,900	964,635
Average disability insurance (disabled-worker) benefit:			
Awarded	$101.73	$101.48	$101.59
In current-payment status, end of month	98.03	97.99	97.70
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	16,779,000	16,731,000	15,938,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	14,816,000	14,770,000	14,063,000
Assets of trust funds, end of month (in millions):			
OASI	$20,754	$20,900	$19,640
DI	1,770	1,767	1,893
HI (hospital insurance)	1,150	1,155	---
SMI (supplementary medical insurance)	119	89	---

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefit estimated.
3/ Average lump sum per worker; there were 88,940 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.

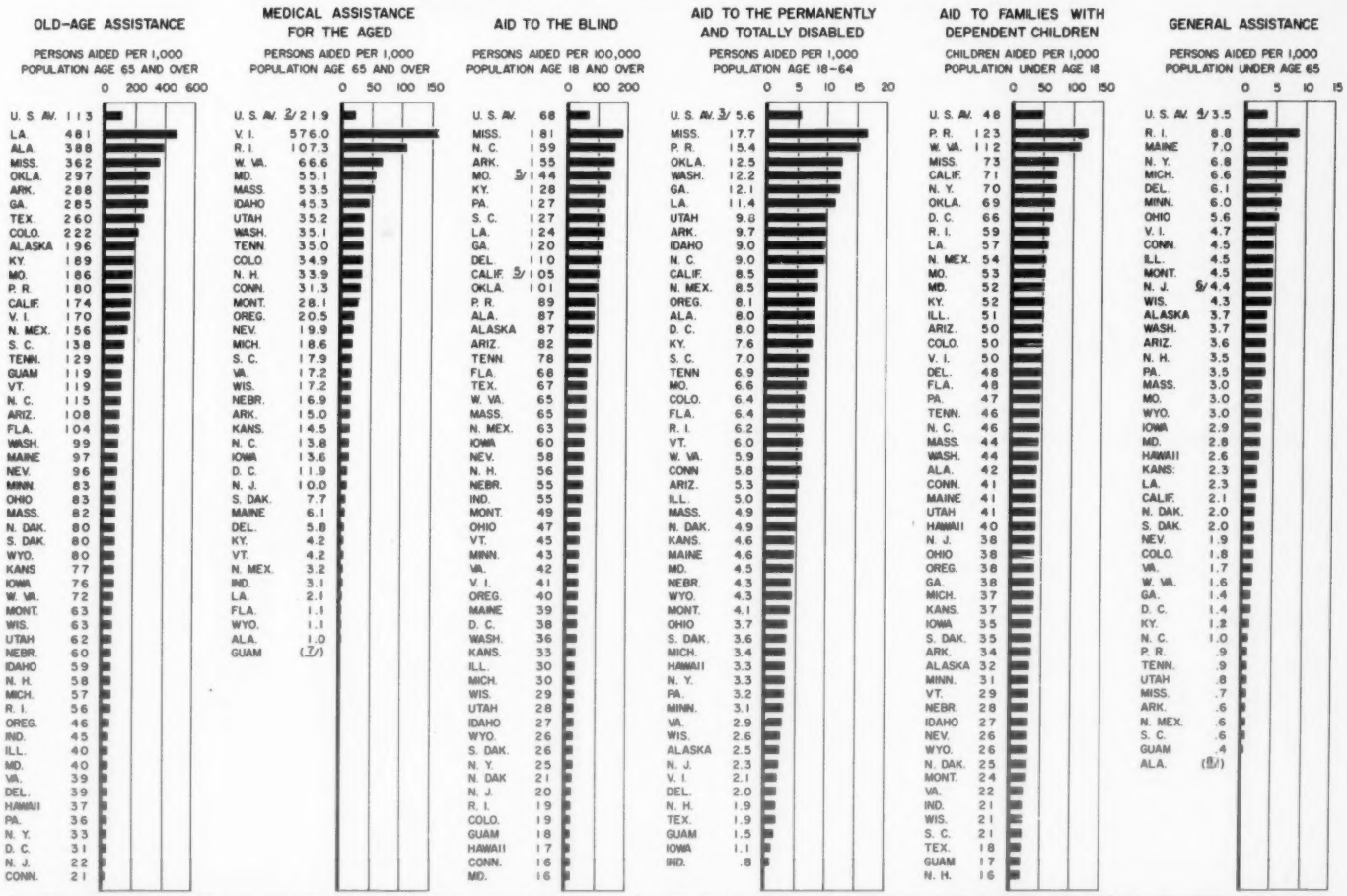
Source: Office of the Actuary, Social Security Administration.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1966 254-646/6

PROPORTION OF POPULATION RECEIVING PUBLIC ASSISTANCE (RECIPIENT RATES) IN THE UNITED STATES,

PROPORTION OF POPULATION RECEIVING PUBLIC ASSISTANCE (RECIPIENT RATES) IN THE UNITED STATES, JUNE 1966 1/

(EXCEPT FOR GENERAL ASSISTANCE, INCLUDES RECIPIENTS RECEIVING ONLY VENDOR PAYMENTS FOR MEDICAL CARE.
CAUTION SHOULD BE USED IN MAKING COMPARISONS WITH EARLIER RATES BECAUSE OF REVISIONS IN POPULATION ESTIMATES ON WHICH RATES ARE BASED.)



1/ BASED ON CIVILIAN POPULATION AS OF JULY 1, 1966 ESTIMATED BY THE BUREAU OF THE CENSUS. 2/ BASED ON DATA FOR 38 STATES LISTED WITH PROGRAMS IN OPERATIONS. RATE INCLUDING STATES NOT HAVING PROGRAMS IN OPERATION IS 10.5 PER 1,000 AGED PERSONS. 3/ NO PROGRAM IN NEVADA. 4/ BASED ON DATA FOR 46 STATES. NUMBER AIDED NOT AVAILABLE FOR FLORIDA, IDAHO, INDIANA, NEBRASKA, OKLAHOMA, OREGON, TEXAS AND VERMONT. 5/ INCLUDES RECIPIENTS OF PAYMENTS MADE WITHOUT FEDERAL PARTICIPATION. RECIPIENT RATES EXCLUDING THESE RECIPIENTS ARE AS FOLLOWS: CALIFORNIA, 104 AND MISSOURI, 118. 6/ INCLUDES UNKNOWN NUMBER OF PERSONS RECEIVING MEDICAL CARE, HOSPITALIZATION, AND BURIAL ONLY. 7/ PROGRAM IN OPERATION BUT NO PAYMENTS MADE IN JUNE 1966. 8/ LESS THAN 0.05.

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